



**The Commonwealth of Massachusetts**  
**Department of Public Health**  
**Drug Control Program**  
**Massachusetts Controlled Substance Registration (MCSR)**  
**Application for Optometrists**

**Instructions**

- To apply for an MCSR, you must have a valid corresponding license issued by a Board of Registration.
- Incomplete applications will be delayed, and may be denied.
- Submit check or money order for \$150 made payable to: "COMMONWEALTH OF MA" and write Board License Number on front of payment. The following payment forms are not accepted: cash, foreign currency, electronic funds transfers, or payments using online banking services.
- Mail your application to:  
 Bureau of Health Professions Licensure  
 Drug Control Program, Attn: MCSR  
 250 Washington St, 3<sup>rd</sup> Floor  
 Boston, MA 02108
- Please include copy of your **current** Board of Optometry wallet card
- The Drug Control Program's Rules and Regulations (105 CMR 700, 720, 721, and 722) are available for review online at <https://www.mass.gov/lists/laws-and-regulations-drug-control-program>.
- If you have been certified to treat glaucoma, and plan to utilize schedules III-V, you are required to have a DEA registration. You can apply for the DEA registration [here](#)

**Important Information for MCSR/Business Address**

- Every person who does more than prescribe at a site - who stores/orders controlled substances at a site – needs an MCSR associated with that site address.
- If a person only prescribes controlled substances and does not store/order controlled substances, that person needs just one MCSR. That MCSR can be used at multiple locations so long as the person is *only* prescribing at each location.
- Every site/business address which receives and stores controlled substances needs either a facility MCSR, or a person with an MCSR associated with that address who is responsible for those activities at that site.

**Application Type:** (Select one)    ☐ New    ☐ Additional Location    ☐ Renewal

In the boxes below enter the requested information.		
1a) Massachusetts Board of Registration License No.:		
1b) Board of Registration License Original Issue Date:		
2) Name (please ensure your name appears exactly as it does on your Board License)		
First:	Middle (optional):	Last:
Suffix (optional): (e.g. Jr., Sr., II, III)		Prefix (optional):
3) Date of Birth (MM/DD/YY):		
4) Social Security No. (Required by M.G.L. c. 30A, s. 13A):		
5) Primary telephone number:		
6) Primary Email address:		
<b>Note:</b> You will receive important reminders and notices about your MCSR at this email address.		
7) Mailing address, if different than business address below:		
Street:		
City:	State:	ZIP:

<p>8) MCSR Business Address: Applications that include Out-of-state addresses require a letter of explanation.</p> <p>Facility Name: Department, Floor, Suite, Rm, etc. (if applicable):</p> <p>Street:</p> <p>City: _____ State: _____ ZIP: _____</p>
<p>9) Business telephone number:</p>
<p>10) I attest I am authorized by the Board of Optometry, to treat Glaucoma, and I have received Topical and Oral Therapeutic Pharmaceutical Agents and Glaucoma Certification issued by the Division of Occupational Licensure, Board of Optometry</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>11) Have you ever been convicted<sup>11</sup> of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substance?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p>
<p>12) Has any previous professional license or registration held by you under any name or corporate name or legal entity been surrendered, revoked, suspended or denied, or been subject to limitations on prescriptive practice or other professional limitations, including but not limited to conditions of probation?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p>
<p><i>*If you answered yes to question 13 or 14, an explanation in writing is required. Please submit a typewritten 8 ½ by 11 sheet(s) with the following information: Complete date and location of each incident, specific charges, disposition(s), copies of court documents, names and addresses of attorneys who represented you and an explanation for each incident or situation. Your name must be on all pages. Your application will NOT be complete until the Drug Control Program has reviewed the documentation and any other required information.</i></p>

#### Attestation

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR application attests under penalties of perjury that, to the best of my knowledge and belief, I have complied with: state tax and child support laws M.G.L. c. 62C, section 49A); and the laws of the commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and the Drug Control Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Pursuant to G.L. c. 30A, s. 13A and G.L. c. 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).

<sup>1</sup> An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.