Commonwealth of Massachusetts
Department of Public Health, Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Telephone 617-973-0949 Fax 617-753-8233

Application for Massachusetts Controlled Substances Registration for Physicians, Dentists, Podiatrists and Osteopath

Please be sure to:

- Complete the first and second page of the application form.
- Sign and date the second page of the application form.
- Enclose check or money order for $150.00 made payable to "Commonwealth of Massachusetts".
- Mail the completed application to the address above; and
- Provide an original signature and date when complete. We can not accept scanned or photocopied signatures.

The Department will make every effort to process your application as quickly as possible. Please note that processing may take 10 business days from receipt of application. Incomplete applications will be returned and will cause a delay in receiving your MCSR. For further information, visit: http://www.mass.gov/dph/dcp.

Application Type: (Select one) ☐ New ☐ Additional Location ☐ Recall

In the boxes below enter the requested information.

1) **Degree**: (Select one)
☐ MD ☐ DMD ☐ DDS ☐ DO ☐ DPM

2) Massachusetts **Board** of Registration **License No.**:

3) **DEA** Federal Controlled Substance Registration No. (If possessed). Out-of-state DEA registration numbers require a letter of explanation:

4) List **additional DEA numbers** and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.

5) **Name**:
First: Middle: Last:
Suffix: (e.g. Jr., Sr., II, III)

6) **Business Address**: Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.
Facility Name and Department (if applicable):
Street:
City: State: ZIP:

7) **Mailing Address**: ☐ Check here if same as above
Street:
City: State: ZIP:

8) **Business Telephone**: ( )

9) **Social Security Number** (Required by M.G.L. c. 30A, s. 13A):

10) **Drug Schedules** requested: Select all that apply: ☐ II ☐ III ☐ IV ☐ V ☐ VI
Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.

11) Individual **e-mail** Address:

12) Have you **ever** been **convicted** of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? ☐ Yes * ☐ No

13) 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 is such action pending? ☐ Yes * ☐ No
* **If** you answered "**Yes**" to Question No. 12) or No. 13), a letter must be attached setting forth circumstances of such action(s).

Applicant please sign and date below

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law. Signed under the pains and penalties of perjury.

Signature of applicant (no initials) ✘ _____ Date ✘ _____

(*Original Signature Required*)

MCSR Application Form Instructions
These instructions follow the application form sequentially. If you need additional guidance contact the Drug Control Program (DCP) at 617-973-0949.

Questions:

1. Select your professional degree.
2. Fill in your the Board of Registration number.
3. Fill in your personal DEA number. An existing out-of-state DEA registration is acceptable for new applicants. However for recalled or renewed applicants a DEA registration with a Massachusetts business address is required. There are limited exceptions to this rule. Please provide a letter of explanation if you provide an out-of-state DEA number.
4. If you issue prescriptions using differing DEA numbers or DEA "X" numbers at different times and locations, providing those to DCP will help ensure that you retrieve more complete prescription history reports. The response to this item may include out-of-state DEA registrations you possess.
5. Include your complete middle name (no initials), and a suffix, if applicable.
6. Fill in your business address.
7. Fill in your mailing address. If you do not use fill in a mailing address, all mailings will go to your business address.
8. Fill in the phone number at which you can be reached.
9. Enter your social security number.
10. Check off the drug schedule privileges you are requesting. Only Schedules that are checked can be authorized.
11. Please provide an email address that you monitor frequently.
12. Check the "Yes" or the "No" box. If checking the "Yes" box, include a letter of explanation.
13. Check the "Yes" or the "No" box. If checking the "Yes" box, include a letter of explanation.