



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

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. All fees are non-refundable and non-transferable.
- Mail your application to:
 Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
 250 Washington Street, 3rd floor
 Boston, MA 02108
- Beginning January 7, 2019, you may apply online and pay by credit, debit, or e-check. Please visit: <https://onlineservices.hhs.state.ma.us/>
- Include any correspondence with application and payment.
- 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>.

Important Information for MCSR/Business Address

- Every person who does more than prescribe at a site - who stores/orders, dispenses or administers 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, dispense, or administer 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.

Important Information on DEA Number Requirement

- MCSR registrants must have an active DEA number and matching drug schedules within 90 days of receiving their MCSR. After 90 days without an active DEA number, the registrant's MCSR will be in jeopardy of being dropped to Schedule VI permissions only.
- DEA does not license Schedule VI.
- The Drug Control Program will continue to monitor that registrants have an active DEA license for the same drug schedules.

In the boxes below enter the requested information.		
1)	License Type: <input type="checkbox"/> Physician <input type="checkbox"/> Dentist	
2)	Degree Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DMD <input type="checkbox"/> DDS	
3a)	Massachusetts Board of Registration License No.:	
3b)	Board Issue Date (Physicians only):	
4)	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):
5)	Date of Birth: (MM/DD/YY)	

6) Social Security No.: (Required by M.G.L. c. 30A, s. 13A)
7) Personal telephone number (optional):
8) Personal address, if different than business address provided for the business address: Street: City: _____ State: _____ ZIP: _____
9) MCSR 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. If you change business addresses during the year, you are required to terminate your MCSR and apply for a new MCSR with the new business address. Facility Name and Department (if applicable): Street: City: _____ State: _____ ZIP: _____
10) MCSR Business telephone number (optional):
11) MCSR Business fax number (optional):
12) Business email address: Note: You will receive important reminders and notices for your MCSR at this email address.
13) Drug Schedules requested: (Only Schedules that are checked can be authorized.) Select all that apply: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI
14) Have you ever been convicted ¹ of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substance? <input type="checkbox"/> Yes* <input type="checkbox"/> No
15) 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 or been subject to limitations on prescriptive practice or other professional limitations, including but not limited to conditions of probation? <input type="checkbox"/> Yes* <input type="checkbox"/> No
*If you answered yes to either question, 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.

¹ 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.

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