



**Commonwealth of Massachusetts**  
**Department of Public Health, Bureau of Health Professions Licensure**  
**Drug Control Program**  
**250 Washington Street, 3<sup>rd</sup> floor, Boston, MA 02108**  
**Telephone 617-973-0949 Fax 617-753-8233**

**Amended Information Application for  
Massachusetts Controlled Substances Registration for Podiatrist**

Please be sure to:

- Complete the application form.
- No fee is charged when submitting this *Amended Information Application* form.
- Enclose a photocopy of your current Board of Registration license (wallet-size).
- Sign and date the form.
- Mail to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR. Where photocopied licenses are to be submitted along with your application, do not send originals. They will not be returned. For further information, visit:

<http://www.mass.gov/dph/dcp>.

Please fill out this form in its entirety. Place a check in the box to the left of any information that is being amended.

Amended	In the boxes below enter the requested information.
<input type="checkbox"/>	1) Massachusetts Board of Registration License No.:
<input type="checkbox"/>	2) DEA Controlled Substance Registration No. (If possessed):
<input type="checkbox"/>	3) Name: First: Middle: Last: Suffix: (e.g. Jr., Sr., II, III)
<input type="checkbox"/>	4) 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:
<input type="checkbox"/>	5) Mailing Address: <input type="checkbox"/> Check here if same as above Street: City: State: ZIP:
<input type="checkbox"/>	6) Primary Telephone No.: ( ) area code
<input type="checkbox"/>	7) Social Security No.: (Required by M.G.L. c. 30A, s. 13A <sup>1</sup> )
<input type="checkbox"/>	8) Drug Schedules requested: Select all that apply: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.
<input type="checkbox"/>	9) Primary E-mail Address: <b>Note:</b> You will receive important reminders and notices about your MCSR at this email address.
<input type="checkbox"/>	10) Have you ever been convicted <sup>2</sup> of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? <input type="checkbox"/> Yes * <input type="checkbox"/> No
<input type="checkbox"/>	11) 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? <input type="checkbox"/> Yes * <input type="checkbox"/> No
* If you answered "Yes" to Question No. 10) or No. 11), a letter must be attached setting forth circumstances of such action(s).	

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 \_\_\_\_\_

<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>2</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.