The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street, Boston, MA 02108-4619

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

Pharmacy Substance Use Disorder (PSUD) Program

Meeting List

Name of PSUD Participant: _____

Time period covered by this form is from _____ to _____

1. _____	23. _____
2. _____	24. _____
3. _____	25. _____
4. _____	26. _____
5. _____	27. _____
6. _____	28. _____
7. _____	29. _____
8. _____	30. _____
9. _____	31. _____
10. _____	32. _____
11. _____	33. _____
12. _____	34. _____
13. _____	35. _____
14. _____	36. _____
15. _____	37. _____
16. _____	38. _____
17. _____	39. _____
18. _____	40. _____
19. _____	41. _____
20. _____	42. _____
21. _____	43. _____
22. _____	44. _____

45. _____
46. _____
47. _____
48. _____
49. _____
50. _____
51. _____
52. _____
53. _____
54. _____
55. _____
56. _____
57. _____
58. _____
59. _____
60. _____
61. _____
62. _____
63. _____
64. _____
65. _____
66. _____
67. _____
68. _____
69. _____
70. _____
71. _____
72. _____
73. _____
74. _____
75. _____
76. _____
77. _____
78. _____
79. _____
80. _____

81. _____
82. _____
83. _____
84. _____
85. _____
86. _____
87. _____
88. _____
89. _____
90. _____
91. _____
92. _____
93. _____
94. _____
95. _____
96. _____
97. _____
98. _____
99. _____
100. _____
101. _____
102. _____
103. _____
104. _____
105. _____
106. _____
107. _____
108. _____
109. _____
110. _____
111. _____
112. _____
113. _____
114. _____
115. _____
116. _____