



**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 Optometrists**

Please be sure to:

- Submit completed application form.
- Enclose check or money order for \$150 made payable to "Commonwealth of Massachusetts". No fee is charged to amend information.
- Enclose a copy of your current Board of Registration license.
- Have form signed (not initialed) and dated.
- Mail to the address above.

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. Only send copies of supporting documents. Originals will not be returned. For further information, visit:

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

Application Type: (Please select one)      New      Renewal      Amended Information (no fee)

In the boxes below, enter the requested information.

1) Massachusetts Board of Registration License No.:
2) Name:  First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III)
3) Business Address: An application with a P.O. Box number and no street address cannot be processed. Out-of-state addresses require a letter of explanation. Business/Facility Name (and Department) if Applicable:  Street:  City: _____ State: _____ ZIP: _____
4) Business Telephone No.: ( _____ ) area code
5) Social Security No.: (Required by M.G.L. c. 30A, s. 13A)
6) E-mail Address: (Optional)
7) Have you ever been convicted 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
8) 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. 7) or No. 8), 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, section 49A, that I have to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Application approved by:	Comments:
Date:	