**Massachusetts Controlled Substance Registration (MCSR) Amended Information Form for Physicians**

<table>
<thead>
<tr>
<th>Amended Information Form Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please read the following information carefully before completing the form:</td>
</tr>
</tbody>
</table>

1. **This form is only intended for physicians who wish to change their contact information associated with their Massachusetts Controlled Substance Registration (MCSR).**

2. **Name Change**
The name on your MCSR must reflect the name on your Board of Registration in Medicine (BORIM) License. In order to change the name on your MCSR you must first change your name with BORIM.

3. **MCSR Business Address Change**
The business address of your MCSR is the address shown on the registration. Changing the address on the MCSR terminates the registration. If you are requesting to change the business address of your MCSR you must 1) apply for a new MCSR and 2) terminate your previous MCSR. All addresses are subject to disclosure on request (MGL c. 4, s. 7).

4. **Items with an asterisk are mandatory.**

5. **Attest to the form by signing and dating the third page. The Drug Control Program cannot accept amended information forms without a signature.**

6. **When complete, send the amended information form by either email, fax, or mail:**

   **Email:** MCSR@massmail.state.ma.us  
   **Fax:** 617-753-8233  
   **Mail:**  
   Bureau of Health Professions Licensure  
   Drug Control Program, Attn: MCSR  
   239 Causeway Street, 5th Floor Suite 500  
   Boston, MA 02114
Drug Control Program
Massachusetts Controlled Substance Registration

Carefully Print or Type the Following Information:

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Last Name*</th>
<th>MCSR Number*</th>
<th>Massachusetts Medical License Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Select All Changes that Apply:

☐ Name Change       ☐ Person Address Change       ☐ Business Phone Change
☐ Personal Email Change  ☐ Personal Phone Change  ☐ Business Email Change

☐ Name Change

The name on your MCSR must reflect the name on your Board of Registration in Medicine (BORIM) License. In order to change the name on your MCSR you must first change your name with BORIM. Please print your name below as it appears on your Board of Registration license.

Last Name:        First Name:        Middle Name:

Suffix:

☐ Personal Address Change

Your personal address is not your MCSR business address. Your personal address is considered contact information, and is not displayed publicly on the Check-A-License Verification website. If you are attempting to change the business address as shown on your MCSR, do not complete this form. Instead you must apply for a new MCSR for the new location, and then terminate your former registration.

Print or type your previous personal address:  Print or type your new personal address:

Address:  Address:
City/Town:  City/Town:
State:  State:
Zip code:  Zip code:

☐ Personal Phone Number Change

(____ )

☐ MCSR Business Phone Number Change

(____ )

☐ Email Address

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I hereby certify that, under pains and penalties of perjury, all of the information submitted in this form, and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR form 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: ______________________