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

<table>
<thead>
<tr>
<th>Please read the following information carefully before completing the form:</th>
</tr>
</thead>
</table>
| **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](https://www.mass.gov/dph/boards). |
| **MCSR Business Address Change**  
The business address of your MCSR is the address on the registration. To change the address please complete the [MCSR Business Address Amended Information Form](https://www.mass.gov/dph/boards). |
| **Fees**  
There are no fees associated with amending information using this form. |

## Amended Information Form Instructions

1. This form is only intended for Physicians who hold a Massachusetts Controlled Substance Registration and wish to change their personal and contact information with the MCSR Program.

2. Items with an asterisk are mandatory.

3. All addresses are subject to disclosure on request (MGL c. 4, s. 7).

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

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

   **Email:** [MCSR@massmail.state.ma.us](mailto: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
Carefully Print or Type the Following Information:

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Last Name*</th>
<th>MCSR Number*</th>
<th>Medical Board 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
- [ ] Personal Email
- [ ] Personal Phone Number

☐ 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.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Suffix:

☐ Personal Address

All MCSR related communication, including renewal reminders and wallet cards, will be sent to the MCSR business address, not the personal address. Print or type your updated personal address.

Address Line 1:
Address Line 2:
City/Town:
State:
Zip code:

☐ Phone Number

(    )

☐ Email Address
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: __________________________