

**The Commonwealth of Massachusetts**

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS  
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



**REGISTRATION**

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER

ISSUED

TYPE

MA0596075A

06/24/05

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

ALLEN, REBECCA H MD

redacted

COMMISSIONER OF PUBLIC HEALTH

317416

FILE COPY

NEW REGISTRANT

**The Commonwealth of Massachusetts**

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS  
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



**REGISTRATION**

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER

ISSUED

TYPE

MA0596075A

06/24/05

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO ALLEN, REBECCA H MD

redacted

COMMISSIONER OF PUBLIC HEALTH

317416

VERIFICATION COPY

NEW REGISTRANT



Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs  
 305 South Street, Jamaica Plain, MA 02130  
 Telephone 617 983-6700 Fax 617 524-8062

Application for Massachusetts Controlled Substances Registration for Practitioners  
 In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the application form
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts"
- No fee is charged if submitting this form only for *Amended Information*
- Enclose a photocopy of your current Board of Registration license (wallet-size)
- Sign and date the form at the bottom
- 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 our Web site at <http://www.mass.gov/dph/dcp>.

Application Type: (Please select one)  New  Amended Information

In the boxes below enter the requested information.

1) Degree: (Select one)

MD  DMD  DDS  DVM  VMD  DO  DPM

2) Massachusetts Board of Registration License No.: 223972

3) DEA Controlled Substance Registration No. (If possessed):

4) Name: Rebecca Middle: Hathaway Last: Allen  
 Suffix: (e.g. Jr., Sr., II, III)

5) 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:

redacted

redacted

City:

State:

Zip:

6) Business Telephone No.: redacted  
 area code

7) Social Security No.: (Required by M.G.L. c. 30A, s. 13A) redacted

8) Drug Schedules requested: Select all that apply:  II  III  IV  V  VI

Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.

9) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances?  Yes \*  No

10) 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?  Yes \*  No

\* If you answered "Yes" to Question No. 9 or No. 10, 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)

*[Handwritten Signature]*

RECEIVED  
 JUN 21 2005  
 DEPT OF PUBLIC HEALTH  
 DIVISION OF FOOD AND DRUGS

Date 6/21/05

COMMONWEALTH OF MASSACHUSETTS  
Board of Registration in Medicine



**Active License**

Rebecca H Allen M.D.  
redacted

**Lic. # 223972**

**Expires: 02/21/2006**

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS  
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER ISSUED TYPE  
MA0596075A 04/22/08 CONTROLLED SUBSTANCES PRACTITIONER  
SCHEDULES  
II,III,IV,V,VI

ISSUED TO

ALLEN, REBECCA H MD  
redacted

COMMISSIONER OF PUBLIC HEALTH

430656

FILE COPY

RECALL

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS  
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER ISSUED TYPE  
MA0596075A 04/22/08 CONTROLLED SUBSTANCES PRACTITIONER  
SCHEDULES  
II,III,IV,V,VI

ISSUED TO ALLEN, REBECCA H MD  
redacted

COMMISSIONER OF PUBLIC HEALTH

430656

VERIFICATION COPY

RECALL





**Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs**  
**305 South Street, Jamaica Plain, MA 02130-3515**  
**Telephone (617) 983-6700 Fax (617) 524-8062**

**Application for Massachusetts Controlled Substances Registration for Practitioners**

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in June, 2005 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



1 J X O X D J 7 3

REBECCA H ALLEN, MD

redacted

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts";
- Enclose a photocopy of your current Board of Registration license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

If **not** registering, please check the appropriate box and return the form to the address above.

- Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts
- Retired  Deceased

Cross out any information needing changes in items No. 1 through No. 8 and enter corrections in the column to the right	For items No. 1 through No. 8 enter only corrections, changes and missing information
1) Degree: <b>MD</b>	
2) Massachusetts Board of Registration No.: <b>223972</b>	
3) DEA No. (if possessed):	<b>BA 9354147</b>
4) Name: <b>REBECCA H ALLEN</b>	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.)
5) Business Address: redacted	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation. redacted City redacted State redacted Zip redacted
6) Business Telephone No.: (redacted)	redacted area code
7) Social Security No.: redacted	Required by M.G.L. c. 30A, s. 13A
8) Drug Schedules requested: <b>II,III,IV,V,VI</b>	Check 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.

In the boxes below enter the requested information

- 9) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances?  Yes \*  No
- 10) Has any previous professional license or registration held by you under any name or corporate legal entity been revoked, suspended or denied or is it pending such action?  Yes \*  No

\* If you answered "Yes" to Question No. 9 or No. 10, 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

**4/21/08**

redacted

Rebecca H. Allen, MD, MPH

redacted

4/21/2008

Marjorie Mendes, Program Coordinator  
The Commonwealth of Massachusetts  
Department of Public Health  
Division of Food and Drugs  
305 South Street  
Jamaica Plain, MA 02130-3597

Dear Ms. Mendes:


I am writing to explain the out-of-state address on my renewal application for the Massachusetts Controlled Substance Registration for Practitioners. My primary office address is now in redacted (listed on the application) but I still practice at three sites in Massachusetts:

redacted

Please contact me if you have any questions or I need to do anything else to renew my registration.

Thank you,

Sincerely,

  
Rebecca H. Allen, MD

redacted

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



**Active License**

Rebecca H Allen M.D.

redacted

Lic. # 223972

Expires: 02/21/2010

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS  
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER  
MA0596075A

ISSUED  
02/08/11

TYPE  
CONTROLLED SUBSTANCES PRACTITIONER  
SCHEDULES  
II,III,IV,V,VI

ISSUED TO

ALLEN, REBECCA H MD  
redacted

COMMISSIONER OF PUBLIC HEALTH

517583

FILE COPY

RECALL



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS  
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER  
MA0596075A

ISSUED  
02/08/11

TYPE  
CONTROLLED SUBSTANCES PRACTITIONER  
SCHEDULES  
II,III,IV,V,VI

ISSUED TO ALLEN, REBECCA H MD  
redacted

COMMISSIONER OF PUBLIC HEALTH

517583

VERIFICATION COPY

RECALL







**Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs**  
**305 South Street, Jamaica Plain, MA 02130-3515**  
**Telephone (617) 983-6700 Fax (617) 524-8062**

**Application for Massachusetts Controlled Substances Registration for Practitioners**

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 04/22/2008 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



REBECCA H ALLEN, MD  
 redacted

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts";
- Enclose a photocopy of your current Board of Registration license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

If **not** registering, please check the appropriate box and return the form to the address above.

- Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts
- Retired  Deceased

RECEIVED  
 FEB 08 2011  
 DEPT OF PUBLIC HEALTH  
 DIVISION OF FOOD AND DRUGS

Cross out any information needing changes in items No. 1 through No. 8 and enter corrections in the column to the right	For items No. 1 through No. 8 enter only corrections, changes and missing information
1) Degree: <b>MD</b>	
2) Massachusetts Board of Registration No.: <b>223972</b>	
3) DEA No. (If possessed): <b>BA 935 4147</b>	
4) Name: <b>REBECCA H ALLEN</b>	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.)
5) Business Address: redacted	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation. redacted _____ redacted _____ redacted _____ City State Zip
6) Business Telephone No.: redacted	( ) _____ area code
7) Social Security No.: redacted	Required by M.G.L. c. 30A, s. 13A
8) Drug Schedules requested: <b>II, III, IV, V, VI</b>	Check 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.

In the boxes below enter the requested information

- 9) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances?  Yes \*  No
- 10) Has any previous professional license or registration held by you under any name or corporate legal entity been revoked, suspended or denied or is it pending such action?  Yes \*  No

\* If you answered "Yes" to Question No. 9 or No. 10, 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 2/7/11

redacted

Rebecca H. Allen, MD, MPH

redacted

2/7/2011

Marjorie Mendes, Program Coordinator  
The Commonwealth of Massachusetts  
Dept. of Public Health  
Division of Food and Drugs  
305 South Street  
Jamaica Plain, MA 02130

Dear Ms. Mendes:

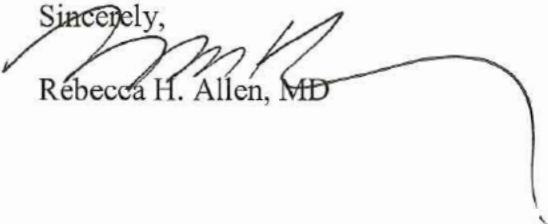
I am writing to explain the out-of-state address on my renewal application for the Massachusetts  
Controlled Substance Registration for Practitioners. My primary office address is now in redacted  
redacted (listed on the application) but I still practice at three sites in Massachusetts:

redacted

Please contact me if you have any questions.

Thank you.

Sincerely,

  
Rebecca H. Allen, MD

redacted

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM  
99 CHAUNCY STREET, 11TH FLOOR, BOSTON, MA 02111

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER ISSUED  
MA0596075A 10/11/2016

TYPE  
CONTROLLED SUBSTANCES PRACTITIONER  
SCHEDULES  
II,III,IV,V,VI

ISSUED TO ALLEN, REBECCA H MD  
redacted

  
COMMISSIONER OF PUBLIC HEALTH

FILE COPY

733227

RECALL





Commonwealth of Massachusetts, Department of Public Health, Drug Control Program  
99 Chauncy Street, Boston, MA 02111

Tel: (617) 983-6700 Fax: (617) 753-8233

Recall Application for Massachusetts Controlled Substances Registration for  
**Physician, Dentist, and Podiatrist**

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 12/18/2013 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



1 J X O X D J 7 3

REBECCA H ALLEN, MD  
redacted

Please print clearly be sure to:

- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- Enclose a photocopy of your current Board of Registration license (wallet-size). Originals will not be returned.
- Sign and date the form.
- Mail the first and second page to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR.

For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

If not registering, please check the appropriate box and return the form to the address above.

- Retired  Deceased  
 I do not prescribe/possess/dispense/administer controlled substances in MA

Cross out any information needing changes and enter corrections in the column to the right	Enter only corrections, changes and missing information below
1) Degree: <b>MD</b>	
2) Massachusetts Board of Registration No.: <b>223972</b>	
3) DEA No. (If possessed): <b>BA9354147</b>	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	
5) Name: <b>REBECCA H ALLEN</b>	First: Middle: Suffix: (e.g. Jr., Sr., II, III.)

RECEIVED  
NOV 11 2013  
DEPARTMENT OF PUBLIC HEALTH  
300 STATE STREET  
BOSTON, MA 02111

redacted  
P ALLEN  
redacted

DCP 10/5/16 Date

2815  
53-13/118 MA  
25529

Pay to the Order of Commonwealth of MA \$150.00  
One hundred fifty and 00/100 Dollars

ACH R/T 0110001-36  
For 223972 redacted

*[Signature]*

number without a street address cannot fire a letter of explanation.

State \_\_\_\_\_ Zip \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

- IV  V  VI  
not in Schedules II - V.

In the boxes below enter the requested information

12) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances?  Yes\*  No





Commonwealth of Massachusetts, Department of Public Health, Drug Control Program  
 99 Chauncy Street, Boston, MA 02111  
 Tel: (617) 983-6700 Fax: (617) 753-8233  
**Recall Application for Massachusetts Controlled Substances Registration for  
 Physician, Dentist, and Podiatrist**

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 12/18/2013 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



1 J X O X D J 7 3

REBECCA H ALLEN, MD

redacted

If **not** registering, please check the appropriate box and return the form to the address above.

Please print clearly be sure to:

- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- Enclose a photocopy of your current Board of Registration license (wallet-size). Originals will not be returned.
- Sign and date the form.
- Mail the first and second page to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR.

For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

- Retired  Deceased  
 I do not prescribe/possess/dispense/administer controlled substances in MA

Cross out any information needing changes and enter corrections in the column to the right	Enter only corrections, changes and missing information below
1) Degree: <b>MD</b>	
2) Massachusetts Board of Registration No.: <b>223972</b>	
3) DEA No. (If possessed): <b>BA9354147</b>	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	
5) Name: <b>REBECCA H ALLEN</b>	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.) _____
6) Business Address: redacted	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.  City _____ State _____ Zip _____
7) Mailing Address: <input type="checkbox"/> Check here if same as the address printed below the barcode above	City _____ State _____ Zip _____
8) Business Telephone No.: redacted	( )
9) Social Security No.:	Required by M.G.L. c. 30A, s. 13A redacted
10) Drug Schedules requested: <b>II,III,IV,V,VI</b>	Check 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.
11) E-mail Address: redacted	
In the boxes below enter the requested information	
12) 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 checked="" type="checkbox"/> No	

RECEIVED  
 OCT 11 2016  
 MA Dept of Public Health  
 99 Chauncy Street  
 Boston, MA 02111

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



**Active License**

Rebecca H. Allen M.D.  
redacted

Lic. # 223972  
Expires: 02/21/2018