

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
MB0798441A 05/20/10

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

ISSUED TO

BRAATEN, KARI P. MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW REGISTRANT

471477



The Commonwealth of Massachusetts

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

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VERIFICATION COPY

NEW REGISTRANT

471477





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 photocopies of 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>.

RECEIVED

MAY 20 2010

DEPT. OF PUBLIC HEALTH
DIVISION OF FOOD AND DRUGS

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.: #243646

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

4) Name: *Kari*
 First: *Kari* Middle: *P* Last: *Braaten*
 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): **redacted**
 Street: **redacted**

City: **redacted** State: **redacted** ZIP: **redacted**

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) *Kari Braaten*

Date 5/12/10

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine



Active License

Kari P. Braaten M.D.
redacted

Lic. # 243646
Expires: 01/12/2011

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
MB0798441A 04/29/13

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

ISSUED TO

BRAATEN, KARI P. MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

589679



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
MB0798441A 04/29/13

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

ISSUED TO BRAATEN, KARI P. MD
redacted

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

589679



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
Physician, Dentist, and Podiatrist**

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 05/20/2010 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



2 XU10CWME

KARI P. BRAATEN, 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

DEPT OF PUBLIC HEALTH
DIVISION OF FOOD AND DRUGS

APR 29 2013

RECEIVED

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: MD	
2) Massachusetts Board of Registration No.: 243646	
3) DEA No. (If possessed): FB2011625	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	
5) Name: KARI P. BRAATEN	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	<i>Above address incorrect - do not list.</i> <i>Use business address only</i> City _____ State _____ Zip _____
8) Business Telephone No.: redacted	redacted
9) Social Security No.:	Required by M.G.L. c. 30A, s. 13A redacted
10) Drug Schedules requested: II,III,IV,V,VI	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
12) Specialty (Enter up to 3 codes from the Specialty Code List):	OBGYN
13) Virtual Gateway Username (If possessed, see instructions):	
14) Birth Month and Day [MMDD] (Do not include year):	redacted
15) MA Online PMP PIN: (If blank, please create one)	Compose a four digit PIN (No letters or other non-numeric characters): redacted
In the boxes below enter the requested information	



Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

STANCEL M. RILEY, JR. MD.
EXECUTIVE DIRECTOR



Active License

Kari P Braaten M.D.
redacted

Lic. # 243646
Expires: 01/12/2015



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

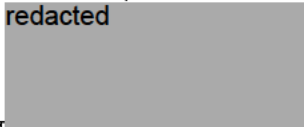


NUMBER
MB0798441A

ISSUED
03/18/2016

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

ISSUED TO BRAATEN, KARI P. MD
redacted




COMMISSIONER OF PUBLIC HEALTH

FILE COPY

714047

RECALL





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

Telephone (617) 983-6700 Fax (617) 753-8233

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

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 04/29/2013 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



2 XU10CWME

KARI P. BRAATEN, MD



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

Please print clearly be sure to:

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- Enclose a copy of the applicant's current Board of Registration license. 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 the DCP website 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: MD	
2) Massachusetts Board of Registration No.: 243646	
3) DEA No. (If possessed): FB2011625	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	
5) Name: KARI P. BRAATEN	<p>MA Dept. of Public Health 99 Chauncy Street Boston, MA 02111</p> <p>MAR 18 2016</p> <p>RECEIVED</p> <p>First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.)</p>
6) Business Address: redacted	<p>Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.</p> <p>City _____ State _____ Zip _____</p>
7) Mailing Address: <input checked="" type="checkbox"/> Check here if same as the address printed below the barcode above	<p>City _____ State _____ Zip _____</p>
8) Business Telephone No.: redacted	()
9) Social Security No.: redacted	Required by M.G.L. c. 30A, s. 13A redacted
10) Drug Schedules requested: II,III,IV,V,VI	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	
12) Specialty (Enter up to 3 codes from the Specialty Code List): OBN	
13) Virtual Gateway Username (If possessed, see instructions): redacted	

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Kari P Braaten M.D.
redacted

Lic. # 243646
Expires: 6/1/2017

Name / License Type	Address	Subtype	License Number	Hold/Alert	License Status
Braaten, Kari P.	redacted				
MCSR Physician			MB0798441A		Current

Complaints

Person Details

First Name: Kari
 Middle Name: P.
 Last Name: Braaten
 Suffix:
 Gender: redacted
 Date of Birth: redacted
 SSN: redacted
 Address Line 1:
 Address Line 4:

License Details

Profession: MASS CONTROLLED SUBSTANCES
 License Type: MCSR Physician
 License Number: MB0798441A
 Issue Date: 05/20/2010
 Expiration Date: 03/18/2022
 Effective Date: 05/20/2010
 Date Last Renewal: 02/04/2019
 Status: Current
 Obtained By: Application
 Renewal Id:
 Applicant Number: 875775
 State/Prov:
 Application Recd Date: 12/31/2018

Drug Schedules Details

DEA Number: FB2011625
 Schedule 1: N
 Schedule 2: Y
 Schedule 3: Y
 Schedule 4: Y
 Schedule 5: Y
 Schedule 6: Y

Specialties Details

MD			
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GMC Questions Details

Question	Answer
MCSR APRN REN Q1	Correct answers
MCSR APRN REN Q2	Correct answers

Requirements Details

Name	Status	Date
No Data		

Alias				Details
Alias Type	Date Changed	Last Name	First Name	
No Data				

Board Comment			Details
Date Entered	Comment	By Whom	
12/29/2018	MD * MB0798441A *Iss 2016-03-18 *Exp * ACTIVE *N KARI BRAATEN nind 0 ni 0 nii 1 niij 1 niv 1 nv 1 nvi 1 *BRN 243646 *DEA_no FB2011625 Fee RECALL FeeDate 2016-03-18	Conversion Irind 0 Iri 0 Irji 0 Irjii 0 Iriv 0 Iry 0 Irvi 0 Bus_add:reda redacted	

Verified Licenses			Details
Licensed State	License Number	Issue Date	
MA	243646		

Prerequisites				Details
Name	License Type	License Number	Status	
No Data				

Dependent Licenses			
License No	License Status	Association Date	
No Data			