

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 27C

NUMBER

161921

ISSUED

12/11/1997

EXPIRES

TYPE

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

ISSUED TO

PAUL, NAURIN ELIZABETH MD

redacted

Howard K. Koles

COMMISSIONER OF PUBLIC HEALTH

NOT REGISTAR

161921

100M-6-74-104029

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
600 Washington Street,
Boston, Mass. 02111



CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

The below named is hereby registered in accordance with Massachusetts General Laws, Chapter 94C.

MASSACHUSETTS REGISTRATION NO.	SCHEDULES	ACTIVITY	EXPIRATION DATE
MP0282753	2,3,4,5,6	PHYSICIAN	

PAUL, MAUREEN E. MD

[Redacted]

48979 3-2-82
4-27-82
5-26-82

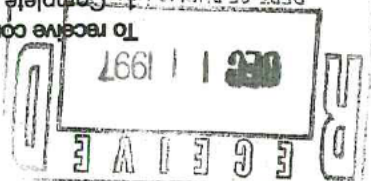
For official use only
CONTROL NO.
0033509

To receive controlle
complete both s
DEPT. OF PUBLIC HEALTH
DIV. OF FOOD & DRUGS
Enclose check o
payable to Comr
3. Enclose copy c
Medical License
4. Mail to:
DEPARTMENT (C
Division of Food
305 South Stree
Jamaica Plain, M

Print or Type Registrant's Name and Massachusetts Business Address:

[Redacted]
MAUREEN PAUL MD
[Redacted]

Telephone No
[Redacted]
area code



COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR REGISTRATION under the CONTROLLED SUBSTANCES ACT
MASSACHUSETTS GENERAL LAWS, Chapter 94C

Circle one only: MD DMD DDS DVM VMD DO DPM

REGISTRATION CLASSIFICATION

(check all applicable):

prescription drugs
Schedules II thru V

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- a) Are you currently authorized to distribute, dispense, prescribe, conduct research, or otherwise handle the controlled substances in the Schedules for which you are applying under the laws of the state or jurisdiction in which you are operating? YES NO
- b) Has the applicant been convicted of any violation of State or Federal law relating to the manufacture, distribution, or dispensing of controlled substances? YES* NO
- c) Has any previous registration held by the applicant under any name, or corporate or legal entity under CSA been surrendered, revoked, suspended, denied or is it pending such action? YES* NO

*If yes, attach letter setting forth circumstances of such action.

AP8758293

License (Registration) Number: 48979

Applicant conducting clinical research with any schedule I substance or any schedule II narcotic must obtain a "researcher" registration application form.

I 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 regulations promulgated by the Department of Public Health. I also certify, pursuant to M.G.L. c.62C s.49A, that I am a resident of the Commonwealth and have filed all state tax returns and paid all state taxes required under the law.

Signature of applicant or authorized individual:

J PAUL

Date of

12/9/97

Application

Social Security or

Federal Identification No.

Maureen Paul MD

redacted

REGISTRATION NO

48979

EXPIRATION DATE

09/19/99

AS A REGISTERED PHYSICIAN

MAUREEN F PAUL M.D.
redacted

ISSUES THIS LICENSE TO

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
William F. Weld, Governor

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

EXPIRES

TYPE

HPD 180680

12/11/2007

CONTROLLED SUBSTANCES PRODUCT CODE
SCHEDULE II (C) (S) (M) (A)

ISSUED TO

DR. MAUREN FLOREZ M.D.
redacted

Howard K. Koh
COMMISSIONER OF PUBLIC HEALTH

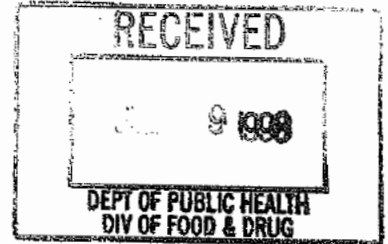
ADDRESS CHANGE

180680

redacted

redacted

June 28, 1998



To whom it may concern:

This letter is to advise you of an address change effective July 1, 1998. Please send all future correspondence to my new work address as follows:

redacted

Thank you very much.

Sincerely,

A handwritten signature in cursive script that reads "Maureen Paul MD".

Maureen Paul MD

MP 0318320A

Enclosed please
find a copy
of my MA.
Medical license
as requested.

redacted

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
William F. Weld, Governor

ISSUES THIS LICENSE TO

MAUREEN E PAUL M.D.
redacted

AS A REGISTERED PHYSICIAN

48979

09/19/99

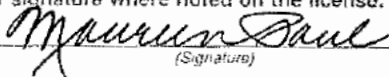
REGISTRATION NO.

EXPIRATION DATE

IMPORTANT

If this license is lost or destroyed, notify the Board of Registration in Medicine at 10 West St., Boston, MA 02111. (617) 727-3086. If your name or address is changed, you are required to notify the Board immediately in writing. Always refer to your registration number.

Registration is subject to the provisions of the General Laws and the Board's regulations. Keep this license on your person as required by law. Provide your signature where noted on the license.


(Signature)

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
MP0318320AR

ISSUED
04/19/2001

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

ISSUED TO

PAUL, MAUREEN ELIZABETH MD
redacted

Howard K. Koh
COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

236062



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
MP0318320AR

ISSUED
04/19/2001

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

ISSUED TO PAUL, MAUREEN ELIZABETH MD
redacted

Howard K. Koh
COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

RECALL

236062





Commonwealth of Massachusetts Department of Public Health Registration Application Form

Authorized under Massachusetts General Law Chapter 94C, Controlled Substances Act

<p>If <u>NOT</u> registering, please check the appropriate box:</p> <p><input type="checkbox"/> Do not prescribe, possess, sample or administer controlled substances (CII-CV & CVI; i.e. any LEGEND drug)</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Declined</p> <p><input type="checkbox"/> Inactive</p> <p><input type="checkbox"/> Other: _____</p>	<p>To receive a MA controlled substances registration:</p> <p>A. Fill out form completely. Type or print clearly, answering all required questions</p> <p>B. Enclose \$50.00 check or money order payable to Commonwealth of Massachusetts</p> <p>C. Enclose copy of <u>current license to practice</u> issued by one of the following Massachusetts Boards of Registration: Medical/Dental/Podiatry/Veterinary</p> <p>D. Mail to:</p> <p align="center">DEPARTMENT OF PUBLIC HEALTH Division of Food and Drugs 305 South Street Jamaica Plain, MA 02130</p>
<p>Reference Code 15573 DR. MAUREEN ELIZABETH PAUL redacted</p>	<p>1. If enclosed name and/or MA business address is incorrect, make corrections in this space. (Practitioners using an out-of-state address must submit a letter explaining the circumstances.)</p> <p align="center"><i>Please delete "Medical Director"</i></p> <p>PO Box without an address is <u>not</u> acceptable</p>
2. Business Telephone # redacted	
3. Registration Classification (Please Circle) <u>MD</u> DMD DDS DVM VMD DO DPM	
4. Massachusetts Board of Registration # <u>48979</u> ENCLOSE COPY OF CURRENT LICENSE Number	
5. Social Security # (REQUIRED) redacted)	
6. Drug Schedule Requested (Check all applicable) II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> VI <input checked="" type="checkbox"/> <small>Schedule VI drugs are all prescription drugs NOT listed in Federal Schedules II through V.</small>	
7. Have you been convicted of any violation of State or Federal law relation to the manufacturing, distribution or dispensing of controlled substances? YES* <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
8. Has any previous registration held by you under any name or corporate legal entity been surrendered, suspended or denied or is it pending such action? YES* <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*If "Yes" to Question 7 or 8, a letter <u>MUST</u> 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, pursuant to MGL c62C, 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.

Full Signature of applicant Maureen Elizabeth Paul Date 04/17/01

Recall Application Notice for All Registrants Whose Last MCSR Was Issued in December, 1997

FOR OFFICE USE ONLY	
Comments:	Application Approved By <u>Rm</u> Date <u>4/27</u>

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
Argeo Paul Callucci, Governor

ISSUES THIS LICENSE TO

MAUREEN E PAUL, M.D.
redacted

AS A REGISTERED PHYSICIAN

48979

09/19/2001

REGISTRATION NO.

EXPIRATION DATE

IMPORTANT

If this license is lost or destroyed, notify the Board of Registration in Medicine at 10 West St., Boston, MA 02111. (617) 727-3086. If your name or address is changed, you are required to notify the Board immediately in writing. Always refer to your registration number.

Registration is subject to the provisions of the General Laws and the Board's regulations. Keep this license on your person as required by law. Provide your signature where noted on the license.

Maurice Paul MD
(Signature)

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
MP0631564A

ISSUED
05/25/06

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

ISSUED TO

PAUL, MAUREEN ELIZABETH MD
redacted

360780

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW REGISTRANT

360780

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
MP0631564A

ISSUED
05/25/06

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

ISSUED TO PAUL, MAUREEN ELIZABETH MD
redacted

360780

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

NEW REGISTRANT

360780



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.:

48979

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

AP8758293

4)) Name:

First: MAUREEN

Middle: ELIZABETH Last: PAUL

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)

Maureen Paul

Date

05/22/2006

01

BOX 26

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Maureen E Paul M.D.
redacted

Lic. # 48979

Expires: 09/19/2006

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
MP0318320AR

ISSUED
04/19/2001

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

ISSUED TO

PAUL MAUREEN ELIZABETH MD
redacted

Howard K. Koh
COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RECALL

236062



redacted

redacted

May 23, 2006

Commonwealth of Massachusetts
Department of Public Health
Division of Food and Drugs
305 South Street
Jamaica Plain, MA. 02130

To Whom It May Concern:

Enclosed please find my application for a Massachusetts Controlled Substances Registration. I am also enclosing a copy of my old registration, issued 04/19/2001, which I assume has expired.

I practiced in Massachusetts for many years before moving out-of-state in 2001. I currently work as ^{redacted} (thus the ^{redacted} business address). I am reapplying for a Massachusetts registration, because I plan to do some per diem work for the ^{redacted} ^{redacted} starting this summer. The address of ^{redacted} is ^{redacted} ^{redacted}

Thank you very much, and please contact me if you have any questions ^{redacted}

Sincerely,



Maureen Paul MD

redacted

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
MP0631564A

ISSUED
06/10/09

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

ISSUED TO

PAUL, MAUREEN ELIZABETH MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

470495



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
MP0631564A

ISSUED
06/10/09

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

ISSUED TO PAUL, MAUREEN ELIZABETH MD
redacted

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

RECALL

470495





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 May, 2006 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



15573

MAUREEN ELIZABETH PAUL, MD
 redacted

Please be sure to:

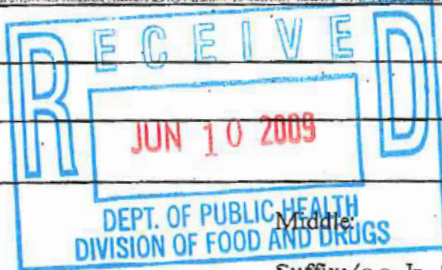
- Complete the application form;
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts";
- Enclose a photocopy of your current Board of Registration license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

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: MD	
2) Massachusetts Board of Registration No.: 48979	
3) DEA No. (If possessed): AP8758293	
4) Name: MAUREEN ELIZABETH PAUL	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. _____ _____ 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: 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.



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. 49A, s. 62C, 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) Maureen Paul

Date 06/05/2009



• online services • agencies • elected officials • help

Back | Home | How to Read a Profile



Massachusetts Board of Registration in Medicine Physician Credentials Verification

Maureen E. Paul, M.D.

License Number 48979	License Renewal Date 9/19/2010	Date Renewal Received Renewal Completed
National Provider Identifier (NPI) 1003822818		

I. **Physician Information**

(The information in sections I - VI has been provided by the physician.)

License Status:	Active
License Issue Date:	3/2/1982
Accepting New Patients:	No
Accepts Medicaid:	No
Primary Work Setting:	Clinic
Business Address:	redacted
Phone:	redacted
Translation Services Available:	None Reported
Insurance Plans Accepted:	None Reported
Hospital Affiliations:	Out of State Hospital

II. **Education & Training**

Medical School:	redacted
Graduation Date:	redacted
Post Graduate Training:	redacted

III. **Specialty**

Area of Specialty:	Occupational Medicine Gynecology
---------------------------	-------------------------------------

IV. Board Certifications

American Board of Medical Specialties (ABMS)

<u>Board Name</u>	<u>General Certification</u>	<u>Subspecialty</u>
Obstetrics & Gynecology	Obstetrics and Gynecology	
Preventive Medicine	Occupational Medicine	

V. Honors and Awards

Distinguished Alumni Award Boston University
School of Public Health 2000
Amwa Reproductive Health Award 1994

VI. Professional Publications

26 Articles and 2 Books in the area of reproductive Health.

VII. Malpractice Information

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Board has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history. When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.
- This report reflects data for the last 10 years of a doctor's practice. For doctors

practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.

- The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.
- Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.
- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Board can refer you to other articles on this subject.

Dr. Paul has not made a payment on a malpractice claim in Massachusetts in the past ten years.

VIII. Disciplinary and/or Criminal Actions

A. Criminal Convictions, Pleas and Admissions:

The information in this section may not be comprehensive. The courts are now required by law to supply this information to the Board.

Dr. Paul has had no criminal convictions in the past ten years.

B. Hospital Discipline:

This section contains several categories of disciplinary actions taken by Massachusetts hospitals during the past ten years which are specifically required by law to be released in the physician's profile.

Dr. Paul has no record of hospital discipline in the past ten years.

C. Board Discipline:

This section includes final disciplinary actions taken by the Massachusetts Board of Registration in Medicine during the past ten years.

Dr. Paul has not been disciplined by the Board in the past ten years.

Additional information about a physician, including closed complaints, may be available by calling the Massachusetts Board of Registration in Medicine
Phone 781-876-8230
Toll Free Number (Massachusetts only) 1-800-377-0550

Return to
[Physician Profile Search](#)
Direct questions and comments about these results to

Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Phone 781-876-8200
For direct response please use Email

Please read the Board of Registration in Medicine Disclaimer



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[privacy policy](#) [site map](#)

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
MP0631564A	04/06/12	CONTROLLED SUBSTANCES PRACTITIONER SCHEDULES II,III,IV,V,VI
ISSUED TO		

PAUL, MAUREEN ELIZABETH MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

552245



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
MP0631564A	04/06/12	CONTROLLED SUBSTANCES PRACTITIONER SCHEDULES II,III,IV,V,VI
ISSUED TO	PAUL, MAUREEN ELIZABETH MD redacted	

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

RECALL

552245





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 06/10/2009 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



15573

MAUREEN ELIZABETH PAUL, 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

Form with fields for personal information, business address, and registration details. Includes checkboxes for corrections and questions about legal history.

I hereby certify that the information on this application is true to the best of my knowledge... Signed under the pains and penalties of perjury. Signature of applicant (no initials) Maureen Paul

RECEIVED APR 06 2012 DEPT OF PUBLIC HEALTH DIVISION OF FOOD AND DRUGS Date 04/03/2012

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Maureen E. Paul M.D.
redacted

Lic. # 48979

Expires: 09/19/2012

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
MP0631564A

ISSUED
03/09/2015

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

ISSUED TO PAUL, MAUREEN ELIZABETH MD
redacted

FILE C


COMMISSIONER OF PUBLIC HEALTH

667521

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 Physicians, Dentists, and Podiatrists
 In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the first and second page of the application form.
- Sign and date the second page of 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). Originals will not be returned.
- Mail, not fax, the aforementioned items 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>.

Application Type: (Select one) New Additional Location Recall

In the boxes below enter the requested information:

1) **Degree:** (Select one)
 MD DMD DDS DO DPM

2) Massachusetts Board of Registration License No.: 48979

3) DEA Controlled Substance Registration No. (If possessed). Out-of-state DEA registration numbers require a letter of explanation: FP 3208445

4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies:

5) **Name:**
 First: MAUREEN Middle: ELIZABETH Last: PAUL
 Suffix: (e.g. Jr., Sr., II, III)

6) **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. redacted
 Facility Name and Department (if applicable): redacted
 Street: redacted
 State: redacted ZIP: redacted

MA Dept of Public Health
 99 Chauncy Street
 Boston, MA 02111
 MAR 19 2015

MAUREEN E PAUL
 redacted

1247
 1-32/210 NY
 18531

03/02/2015
 Date

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

Security Features Details on Back

For: MA Lic # 48979
redacted

Maureen Paul

VI
 acked can be authorized.
 redacted

14) Birth Month and Day [MMDD] (Do not include year): redacted

15) Compose a four digit PIN for MA Online PMP (No letters or other non-numeric characters): redacted

Questions continue on the next page...

Rev. 20131127-01



Commonwealth of Massachusetts, Department of Public Health, Drug Control Program

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Suffix: (e.g. Jr., Sr., II, III)

6) **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. redacted

Facility Name and Department (if applicable):

Street: redacted

City: redacted

State: redacted

ZIP: redacted

7) **Mailing Address:** Check here if same as above

Street:

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: 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.

11) **Individual 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) Compose a four digit **PIN** for MA Online PMP (No letters or other non-numeric characters): redacted

16) 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
17) 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 checked="" type="checkbox"/> No
* If you answered "Yes" to Question No. 16) or No. 17), a letter must be attached setting forth circumstances of such action(s).		

TERMS AND CONDITIONS FOR PRESCRIBER AND DISPENSER USE OF THE MASSACHUSETTS ONLINE PRESCRIPTION MONITORING PROGRAM

By logging in to and using the Massachusetts Online Prescription Monitoring Program ("MA Online PMP"), you agree to abide by the requirements governing the Prescription Monitoring Program at 105 CMR 700.012 and any other applicable requirements, including, but not necessarily limited to:

- 1) You attest to the following:
 - i. You are a duly licensed practitioner, pharmacist or other licensed health care professional authorized to prescribe or dispense controlled substances in the Commonwealth of Massachusetts;
 - ii. You are duly registered, or in the process of registering, with the Massachusetts Department of Public Health, Drug Control Program, to prescribe controlled substances. You also agree to promptly notify the Department of any change or proposed change in licensure or registration status;
 - iii. You are duly enrolled to use the MA Online PMP and that you have not provided nor will provide your login credentials (i.e., username, password, Personal Identification Number or any other security information) to anyone else. You are responsible for promptly notifying the Drug Control Program of any compromise of your login credentials or changes to your enrollment information (e.g., changes to name, business or email address, license or registration number) or prescriptive privileges; and
 - iv. Your use of the MA Online PMP is for the purpose of preventing the prescribing and/or dispensing of controlled substances to the same individual from multiple sources or the unlawful diversion of controlled substances. You may not request the prescription history for anyone other than your patient or for a patient encounter.
- 2) You acknowledge that you understand the following:
 - i. The Department of Public Health does not guarantee the accuracy or completeness of the information contained in the database. There may be multiple persons with the same name in the database, so you should use other information, such as date of birth and address, to distinguish your patient from others with the same name;
 - ii. You may use or disclose information obtained from the MA Online PMP, including reports generated from the database, only as permitted by applicable state and federal laws governing confidentiality and security of personal/patient information, including, if applicable, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA);
 - iii. You must promptly notify the Department of any potential violation of confidentiality or use of the data in a manner contrary to the regulations or applicable professional standards;
 - iv. Usage of the MA Online PMP is recorded and monitored and that your right to use the system may be revoked at any time at the discretion of the Department.
 - v. Your controlled substances registration may be suspended or terminated in accordance with 105 CMR 700.004(L)(1), and that a referral may be made for criminal prosecution or disciplinary action by your licensing board, for the following:
 1. a request, use or disclosure of data that involves a willful failure to comply with the standards in 105 CMR 700.012 for request, transmission or disclosure of data;
 2. a failure to reasonably protect data in accordance with the requirements of 105 CMR 700.012 or other applicable state or federal law; or
 3. an attempt to obtain data through fraud or deceit;
 - vi. Data is being provided for the purpose of safe prescribing and dispensing, including assessing or preventing the possibility of drug abuse or diversion, but does not require you to take action that you believe to be contrary to the best interests of your patient; and
 - vii. The Department may revise these Terms and Conditions from time to time. You will be notified of any change and your continued use of the MA Online PMP after such notice shall constitute your acceptance of the new Terms and Conditions.

Applicant please sign and date below

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. I also certify that I have read and agree to the *TERMS AND CONDITIONS FOR PRESCRIBER AND DISPENSER USE OF THE MASSACHUSETTS ONLINE PRESCRIPTION MONITORING PROGRAM*. I understand that the Terms and Conditions may be revised from time to time, that I will be notified of any change and that my continued use of the MA Online PMP after such notice shall constitute my acceptance of the new Terms and Conditions.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials) *Mawleen Dand*

Date 03/02/2015

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Maureen E Paul M.D.
redacted

Lic. # 48979
Expires: 09/19/2016

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER

ISSUED

TYPE

MP0631564A

03/09/2018

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II, III, IV, V, VI

ISSUED TO PAUL, MAUREEN ELIZABETH MD

redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

775229

RECALL





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
Physicians, Dentists, Podiatrists and Osteopath

Please be sure to:

- Complete the first and second page of the application form.
- Sign and date the second page of the application form.
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- Mail the completed application 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. For further information, visit: <http://www.mass.gov/dph/dcp>.

Application Type: (Select one) New Additional Location Recall (renewal)

In the boxes below enter the requested information.

Received

FEB 07 2018

HEALTH PROFESSIONS LICENSURE

1) **Degree:** (Select one)
 MD DMD DDS DO DPM

2) Massachusetts **Board** of Registration **License No.:** 48979

3) **DEA** Federal Controlled Substance Registration No. (If possessed). Out-of-state DEA registration numbers require a letter of explanation: FP 320844S

4) List **additional DEA numbers** and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.

5) **Name:**
 First: MAUREEN Middle: ELIZABETH Last: PAUL
 Suffix: (e.g. Jr., Sr., II, III)

6) **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. redacted
 Facility Name and Department (if applicable): redacted
 Street: redacted
 City: redacted State: redacted ZIP: redacted

7) **Mailing Address:** Check here if same as above
 Street:
 City: redacted State: ZIP:

8) **Business Telephone:** redacted

9) **Social Security Number** (Required by M.G.L. c. 30A, s. 13A): redacted

10) **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.

11) Individual **e-mail** Address: redacted

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

13) 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. 12) or No. 13), a letter must be attached setting forth circumstances of such action(s).

Applicant please sign and date below

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) **x** Maureen Paul

Date **x** 02/02/2018

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 EXPIRES TYPE

RP0104955AR 12/30/93

CONTROLLED SUBSTANCE PREPARED
SCHEDULED II, III, IV, V

PAUL, MARGREN E., MD
redacted

David D. Sullivan
COMMISSIONER OF PUBLIC HEALTH

RECALL

078016



DEC 6 1993

Commonwealth of Massachusetts Department of Public Health Registration Application Form

Authorized under Massachusetts General Law Chapter 94C, Controlled Substances Act

DEA Number **AP8758293**

To receive a controlled substances registration:
• Fill out form completely. Type or print clearly, answers to all questions
• Enclose check or money order for \$50 payable to Commonwealth of Massachusetts
• Enclose copy of current Massachusetts Medical/Dental/Podiatry/Veterinary License
• Mail to:
DEPARTMENT OF PUBLIC HEALTH
Division of Food and Drugs
305 South Street
Jamaica Plain MA 02130

MAUREEN ELIZABETH PAUL, MD
redacted
redacted

1. Name and Mass. business address if incorrect:



No P.O. boxes

Please check box if not registering and state reason (retired, out of state, declined, deceased, etc.)

2. Registration Classification (Circle one only) **MD** DMD DDS DVM VMD DO DPM

3. Massachusetts Board (of Medicine/Dentistry/Podiatry/Veterinary Medicine) No.: 48979

Write license number on above line and also enclose photocopy of current license

4. Business Telephone Number: redacted ext

5. Social Security or Federal Identification Number: redacted

6. Drug Schedules Requested (Check all Applicable): II III IV V VI*

* Schedule VI drugs are all prescription drugs not listed in federal Schedules II through V.

7. Have you been convicted of any violation of State or Federal law relating to the manufacture, distribution or dispensing of controlled substances? Yes* No

8. Has any previous registration held by you under any name, or corporate legal entity been surrendered, revoked, suspended or denied or is it pending such action? Yes* No

* If yes to questions 7 or 8, attach letter setting forth circumstances of such action.

The applicant must sign the statement below:

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, pursuant to 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 Maureen Paul MD Date 12/01/93

*Jan
OK
2/5/94*

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
William F. Weld, Governor

ISSUES THIS LICENSE TO

MAUREEN E. PAUL, M.D.
redacted

IS A REGISTERED PHYSICIAN

48979 09/19/95 1071728

REGISTRATION NO.	EXPIRATION DATE	SERIAL NO.
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