

# 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

MV0887894A

09/04/12

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

VICKERY, ZEVIDAH MD  
RIVERBEND MEDICAL ASSOC.  
1109 GRANBY ROAD  
CHICOPEE, MA 01020

*John A. Arceneaux*

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

575731

NEW REGISTRANT

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VERIFICATION COPY

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NEW REGISTRANT



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

RECEIVED

SEP - 4 2012

DEPT OF PUBLIC HEALTH  
DIVISION OF FOOD AND DRUGS

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.:

252675

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

FV1426279

4) Name:

First: ZEVIDAH

Middle:

Last:

VICKERY

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): RIVERBEND MEDICAL ASSOC.

Street: 1109 GRANBY RD.

City:

CHICOPPEE

State:

MA

ZIP:

01020

6) Business Telephone No.: ( 413 ) 789-6800  
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) E-mail Address: (Optional)

redacted

10) 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

11) 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. 10) or No. 11), 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

8/30/12

## Commonwealth of Massachusetts Board of Registration in Medicine

Zevidah Vickery, M.D.

## Physician Information

License Number	252675	Accepting New Patients	No
License Status	Active	Accepts Medicaid	No
License Issue Date	8/15/2012	Translation Services Available	None Reported
License Renewal Date	10/14/2013	Insurance Plans Accepted	None Reported
Primary Work Setting	None Reported	Hospital Affiliations	None Reported
Business Address	5471 Dr. Mlk Drive St. Louis, MO 63112 United States of America	NPI Number	1437309648
Business Telephone	(314) 367-5820		

Both The Joint Commission and the National Committee on Quality Assurance consider the Massachusetts Board of Registration to be a primary source provider for license status information.

## Education &amp; Training      The Education and Training information was verified as of the License Issue Date above.

Medical School	Fac. of Hlth Sciences, Ben Gurion Univ of the Negev
Graduation Date	5/24/2005
Post Graduate Training	Beth Israel Medical Center, Intern: Obstetrics and Gynecology (7/1/2005 - 6/30/2006) Beth Israel Medical Center, Resident: Obstetrics and Gynecology (7/1/2006 - 6/30/2009) Washington University / Barnes Jewish Hospital, Fellow: Family Medicine (7/1/2009 - 6/30/2011)

## Specialty

Area of Specialty	Obstetrics and Gynecology
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## Board Certifications

Dr. Vickery has reported no board certifications.

## Honors and Awards

Dr. Vickery has reported no awards.

## Professional Publications

Dr. Vickery has reported no publications.

## Malpractice Information

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

## Disciplinary and/or Criminal Actions

## Criminal Convictions, Pleas and Admissions

The data used to create Profiles contains no information that Dr. Vickery has been convicted of any felony or serious misdemeanor within the past ten years.

## Hospital Discipline

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

I submitted  
this previously  
but left out  
the \$150 check  
so its all here  
together now