

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER	ISSUED	EXPIRES	TYPE
MK1119569N	11/27/2017	11/27/2018	NURSE PRACTITIONER
			SCHEDULES
			II,III,IV,V,VI

ISSUED TO KRIEGER, REBECCA ELIZABETH CNP
redacted



COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW REGISTRANT

788774





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
Advanced Practice Registered Nurses and Physician Assistants**

Please be sure to:

- Mail completed application, sides 1 and 2, along with required documentation;
- Include copies of each current supervising physician(s)' Massachusetts Controlled Substances Registration (MCSR) and federal DEA registration;
- Have the applicant sign (not initial) and date the form at the bottom of second page;
- Have the supervising physician sign (not initial) and date the form in the "Supervising Physician Information section" (does not apply to certified Nurse Midwives.); and
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".

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: (Please select one) New Renewal

In the boxes below enter the requested information.

1)	Classification: (Select one)	<input checked="" type="checkbox"/> CNP	<input type="checkbox"/> CNM	<input type="checkbox"/> PCNS	<input type="checkbox"/> CRNA	<input type="checkbox"/> PA
2)	Massachusetts Board of Registration License No.:	RN2297319				
3)	DEA Controlled Substance Registration No. (If issued/ possessed):	Received				
4)	Name:	First: Rebecca Middle: Elizabeth Last: Krieger				NOV 27 2017
	Suffix: (e.g. Jr., Sr., II, III)	HEALTH PROFESSIONS LICENSURE				
5)	Applicant Business Address:	Applications with a P.O. Box number and no street address cannot be processed. Out-of-state addresses require a letter of explanation. Registrations are site specific. List every business location where you practice. If you change or add a business address during the year, you are required to notify this program by submitting an amended information form.				
	Business/Facility Name (and Department if applicable):	redacted				
	Street:	redacted				
	City:	State: MA	ZIP:	redacted		
6)	Mailing Address:	<input checked="" type="checkbox"/> Check here if same as the Business Address				
	Facility Name and Department (if applicable):					
	Street:					
	City:	State:	ZIP:			
7)	Business Telephone No.:	redacted				
8)	Applicant's email address (must be specific to applicant, cannot be accessed by other persons):	redacted				
9)	Drug Schedules requested: Select all that apply:	<input checked="" type="checkbox"/> II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> VI				
	Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.					
10)	Social Security No.: (Required by M.G.L. c. 30A, s. 13A)	redacted				
11)	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				

12) 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
 * A Yes to Question No. 11) or No. 12), requires a letter of explanation attached to this form.

Supervising Physician Information:

Not required for Certified Nurse Midwives.

13) The following Supervising Physician's Information must be completed by each physician who supervises your prescriptive practice. The supervising physician is the individual with whom you, the applicant, have developed and signed mutually agreed upon prescriptive guidelines. If you practice in more than one setting (e.g., more than one employer), you must complete this section for each physician that you have signed mutually agreed upon prescriptive guidelines in each setting. You may make photocopies of this page as necessary.

Name of Supervising Physician: <i>SAMEER CHINYOY, M.D.</i>	Telephone No. <i>redacted</i> area code
Business Address: <i>redacted</i>	
Board of Medicine License No.: <i>257574</i>	Massachusetts Controlled Substances Registration No.: <i>MC0944315A</i>
DEA Controlled Substance Registration No.: <i>BC6549907</i>	Medical Specialty: <i>Family Medicine</i>
Are there written prescriptive guidelines in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Certified Nurse Midwives only)	
Written prescriptive guidelines are required for Advanced Practice Registered Nurses and Physician Assistants (Certified Nurse Midwives are not required to have prescriptive guidelines.) Applications checked "No" will be returned.	
Signature of Supervising Physician: <i>X [Signature]</i> Date <i>X 11/21/17</i>	

Applicant please sign and date below

I hereby certify that (1) the information on this application is true to the best of my knowledge; (2) I possess written prescriptive guidelines that were mutually developed, agreed upon, and signed by my supervising physician and me; and (3) I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and either the Board of Registration in Nursing or the Board of Registration of Physician Assistants, whichever is applicable. I also certify, in accordance with M.G.L. c. 62C, section 49A, that I have to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support. Signed under the pains and penalties of perjury.

Signature of applicant *X [Signature]* Date *X 11/20/17*

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER
MC0944315A

ISSUED
12/30/2016

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

ISSUED TO

CHINYOY, SAMBER KIRAN MD
redacted



RECALL

When asked for the expiration date of this MCSR, you can use 12/30/2018, which is the anticipated date of your next MCSR Recall notice.

MAILING ADDRESS

CHINYOY, SAMBER KIRAN MD
redacted

RECALL

REGISTRATION

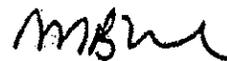
In Accordance with Massachusetts General Laws Chapter 94C

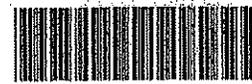
NUMBER
MC0944315A

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12/30/2016

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

ISSUED TO CHINYOY, SAMBER KIRAN MD
redacted





1. CHINYOY, SAMEER KIRAN MD
2. redacted

47/656



10023022.2/000054

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC6549907	08-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	07-07-2017
CHINYOY, SAMEER KIRAN MD redacted		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
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CHINYOY, SAMEER KIRAN MD redacted		

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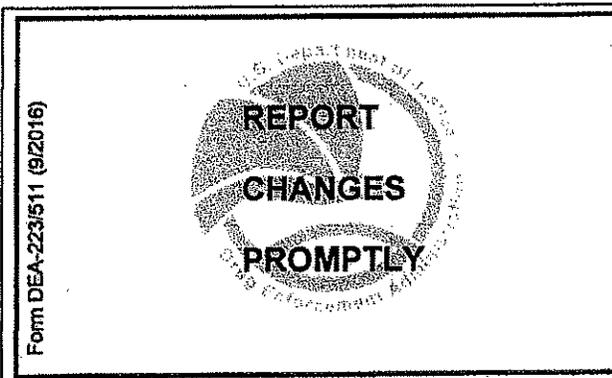
Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC6549907	08-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	07-07-2017
CHINYOY, SAMBER KIRAN MD redacted		

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deadiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-8539 - or
3. submit your change(s) in writing to:
Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes: