

**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

TYPE

MC1079981A

03/10/2017

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO CANNON, RACHEL MD

redacted

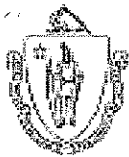
COMMISSIONER OF PUBLIC HEALTH

FILE COF

742403

NEW REGISTRANT





**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

In the boxes below enter the requested information.		
1) <b>Degree:</b> (Select one)		
<input checked="" type="checkbox"/> MD	<input type="checkbox"/> DMD	<input type="checkbox"/> DDS <input type="checkbox"/> DO <input type="checkbox"/> DPM
2) Massachusetts <b>Board</b> of Registration <b>License No.:</b> 269851		
3) <b>DEA</b> Federal Controlled Substance Registration No. (If possessed). Out-of-state DEA registration numbers require a letter of explanation:		
4) List <b>additional DEA numbers</b> and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.		
5) <b>Name:</b>		
First: RACHEL	Middle:	Last: CANNON
Suffix: (e.g. Jr., Sr., II, III)		
6) <b>Business Address:</b> 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: ed	ZIP: redacted
7) <b>Mailing Address:</b> <input type="checkbox"/> Check here if same as above		
Street: redacted		
City: redacted	State: ed	ZIP: redacted
8) <b>Business Telephone:</b> redacted		
9) <b>Social Security Number</b> (Required by M.G.L. c. 30A, s. 13A): redacted		
10) <b>Drug Schedules</b> 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.		
11) Individual <b>e-mail</b> Address: redacted		
12) Have you <b>ever</b> been <b>convicted</b> 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

RACHEL CANNON

redacted

161

53-13/110 MA  
81110

3/5/2017

Date

Pay To The  
Order Of

Commonwealth of Massachusetts

\$ 150.00

One hundred fifty dollars and zero cents

Dollars



Security  
Features  
Details on  
Back.

Bank of America 

ACH R/T 011000138

For

MCCR

Rachel Cannon

redacted

Harland Clarke

redacted

161

53-13/110 MA  
81110

3/5/2017  
Date

Pay To The Order Of Commonwealth of Massachusetts | \$ 150.00

One hundred fifty dollars and zero cents Dollars

 Security Features Details on Back.

**Bank of America** 

ACH R/T 011000138

For MCCR Raeann Jones  
redacted

Harold Clarke