

**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

MG0859186A

12/23/11

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

GRAY, KATHRYN JOHNSON MD  
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW REGISTRANT

559475

**The Commonwealth of Massachusetts**

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



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COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

NEW REGISTRANT

559475



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

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.

**RECEIVED**

DEC 23 2011

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>.

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.: 248135

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

4) Name:

First: Kathryn Middle: Johnson Last: Gray

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) 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 12/23/11

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



**Active License**

Kathryn J Gray M.D.

redacted

Lic. # 248135

Expires: 06/30/2012

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114 In Accordance with Massachusetts General Laws Chapter 94C

REGISTRATION



NUMBER

MG0859186A

ISSUED

08/31/2017

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO GRAY, KATHRYN JOHNSON MD

redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COI

756318

RECALL





Commonwealth of Massachusetts  
 Executive Office of Health and Human Services, Department of Public Health  
 Bureau of Health Professions Licensure, Drug Control Program  
 239 Causeway Street, Suite 500, Boston, MA 02114  
 Telephone 617 983-6700 Fax 617 753-8233

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

**Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in  
 10/24/2014 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).**

KATHRYN JOHNSON GRAY, MD  
 redacted

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>.

**\*3E20TIA3M\***

If **not** registering, please check the appropriate box

- 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: <b>MD</b>	
2) Massachusetts Board of Registration No.: <b>248135</b>	
3) DEA No. (If possessed): <b>FG3023532</b>	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	
5) Name: <b>KATHRYN JOHNSON GRAY</b>	<b>First:</b> _____ <b>Middle:</b> _____ <b>Last:</b> _____ <b>Suffix: (e.g. Jr., Sr., II, III.)</b> _____
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.  <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
7) Mailing Address: <input checked="" type="checkbox"/> Check here if same as the address printed below the barcode above	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
8) Business Telephone No.: redacted	( ) _____
9) Social Security No.:	Required by M.G.L. c. 30A, s. 13A
10) Drug Schedules requested: <b>II,III,IV,V,VI</b>	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	
In the boxes below enter the requested information	
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?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

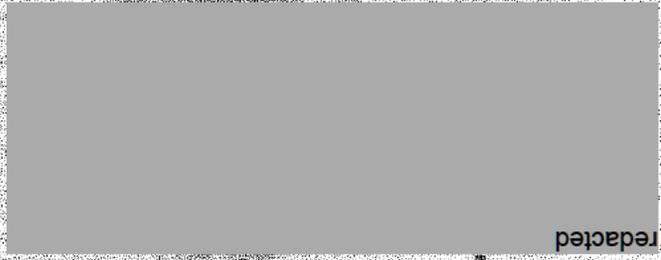
COMMONWEALTH OF MASSACHUSETTS  
Board of Registration in Medicine



**Active License**

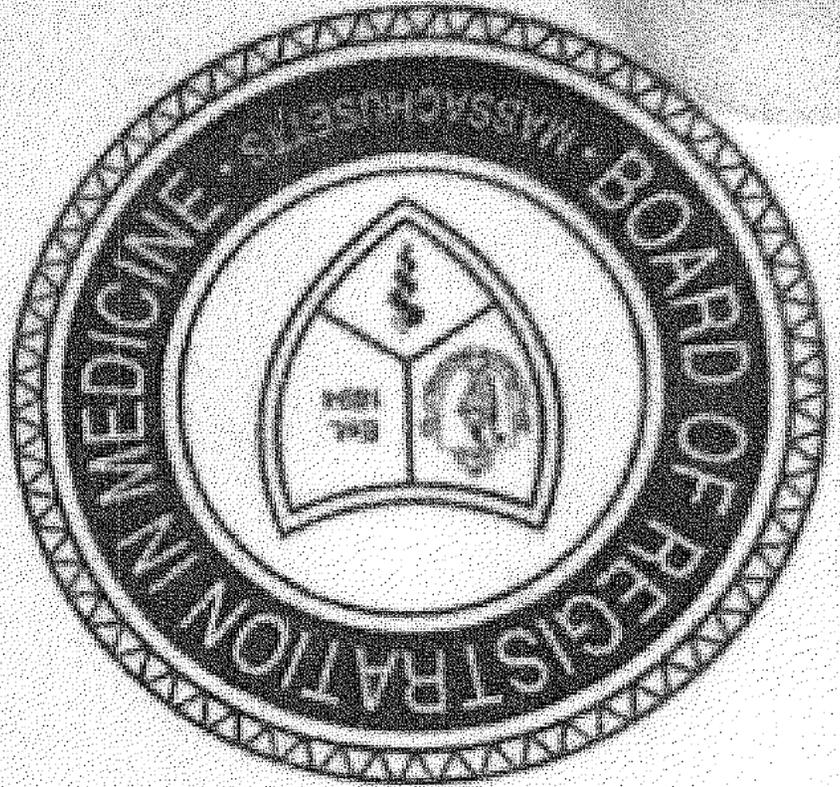
Kathryn J Gray M.D.

redacted



Lic. # 248135

Expires: 06/30/2018



redacted Kathryn Gray  
redacted

5641

8/28 2017

53-8173/2113

Pay to the Order of Commonwealth of Massachusetts \$ 150.00

One-hundred fifty + 00/100 Dollars

redacted

For MA Controlled Substance

redacted

MA 248125

redacted

