

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
MN0924729A

ISSUED
06/24/2016


TYPE
CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES
II,III,IV,V,VI

ISSUED TO NIPPITA, SIRIPANTH MD

redacted

FILE CO.


COMMISSIONER OF PUBLIC HEALTH

710807

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
Physician, Dentist, and Podiatrist

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations Issued in 08/05/2013 (In accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



SIRIPANTH NIPPITA, MD
redacted

Please print clearly be sure to:
• Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
• Enclose a copy of the applicant's current Board of Registration license. 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 the DCP website at <http://www.mass.gov/dph/dcp>.

If not registering, please check the appropriate box and return the form to the address above.

- 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: MD			
2) Massachusetts Board of Registration No.: 255545			
3) DEA No. (if possessed): FN1779430			
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies. MN 0924 729 A			
5) Name: SIRIPANTH NIPPITA	First:	Middle:	Suffix: (e.g. Jr., Sr., II, III.)
6) Business Address:	Last:	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.	

DOCUMENT HAS A COLORED BACKGROUND. SECURITY FEATURES LISTED ON BACK.

redacted

redacted

52-153/112 (ME)

DATE	6/21/2016	CHECK NUMBER	7156446
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AMOUNT	\$150.00
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VOID AFTER 60 DAYS

PAY One hundred fifty and 00 / 100 Dollars Only *****

TO THE ORDER OF

COMMONWEALTH OF MASSACHUSETTS
DPH MCSR PROCESSING UNIT
99 CHAUNCY ST, 11TH FLOOR
BOSTON, MA 02111

Stuart A. Ramsey

redacted

Questions continue on the next page...

redacted



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3V00ZQSPZ

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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: MD	
2) Massachusetts Board of Registration No.: 255546	
3) DEA No. (if possessed): FN1779490	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies. MN 0924 329A	
5) Name: SIRIPANTH NIPPITA	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.)
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. City _____ State _____ Zip _____
7) Mailing Address: <input checked="" type="checkbox"/> Check here if same as the address printed below the barcode above	City _____ State _____ Zip _____
8) Business Telephone No.: redacted	()
9) Social Security No.: redacted	Required by M.G.L. c. 30A, s. 13A
10) 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.
11) E-mail Address: redacted	
12) Specialty (Enter up to 3 codes from the Specialty Code List): OBGN	
13) Virtual Gateway Username (if possessed, see instructions): redacted	

14) Birth Month and Day [MMDD] (Do not include year): redact	
15) MA Online PMP PIN: (If blank, please create one) redact	Compose a four digit PIN (No letters or other non-numeric characters):
In the boxes below enter the requested information.	
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 legal entity been surrendered, revoked, suspended or denied or is it pending such action?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If you answered "Yes" to Question 16) or 17), a letter must be attached setting forth circumstances of such action(s).	

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

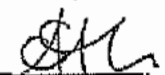
By logging in to and using the Massachusetts Online Prescription Monitoring Program ("Online PMP"), you agree to abide by the requirements governing the Prescription Monitoring Program at 105 CMR 700.012 and any other applicable requirements, including, but not necessarily limited to:

- 1) You attest to the following:
 - a) You are a duly licensed practitioner, pharmacist or other licensed health care professional authorized to prescribe or dispense controlled substances by the Commonwealth of Massachusetts;
 - b) You are duly registered with the Massachusetts Department of Public Health, Drug Control Program, to prescribe controlled substances or in the process of registering. You also agree to promptly notify the Department of any change or proposed change in licensure or registration status;
 - c) You are duly enrolled to use the 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, registration, or licensure information (e.g., changes to name, business or email address, license or registration number) or prescriptive privileges;
 - d) Your use of the Online PMP is for the purpose of providing medical or pharmaceutical care for your patients. You may not use the Online PMP for general screening of patients unless they fit the above criteria. Furthermore, you will not request the prescription history for anyone other than your patient or for a patient encounter;
 - e) You understand the Department of Public Health does not guarantee the accuracy or completeness of the information contained in the database. Furthermore, you understand that 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;
- 2) You acknowledge that you understand the following:
 - a) You may use or disclose information obtained from the 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);
 - b) 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;
 - c) Usage of the 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;
 - d) 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:
 - i. 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;
 - ii. a failure to reasonably protect data in accordance with the requirements of 105 CMR 700.012 or other applicable state or federal law; or
 - iii. an attempt to obtain data through fraud or deceit;
 - e) 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
 - f) 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 Online PMP after such notice shall constitute your acceptance of the new Terms and Conditions.

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. 82C, 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 USE OF THE MASSACHUSETTS ONLINE PRESCRIPTION MONITORING PROGRAM


Signed under the pains and penalties of perjury.

Signature of applicant (no initials) 

Date 6/13/2016



COMMONWEALTH OF MASSACHUSETTS
 Board of Registration in Medicine



Active License
 Srikanth Nigota, M.D.
 redacted

License # 25445
 Expires 09/20/2016