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
MA0383567	01/27/05	CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

AUGUST, BETSY MD

[redacted]

COMMISSIONER OF PUBLIC HEALTH

311676

FILE COPY

RECALL

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VERIFICATION COPY

RECALL

Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3515
Telephone (617) 983-6700 Fax (617) 524-8062

Application for Massachusetts Controlled Substances Registration for Practitioners

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in December, 2001 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).

19444

BETSY AUGUST, MD
[redacted]

Please be sure to:
- Complete the application form;
- 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);
- Sign and date the form at the bottom;
- Mail to the address above.

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

❑ Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts

❑ Retired ❑ Deceased

Cross out any information needing changes in items No. 1 through No. 8 and enter corrections in the column to the right	For items No. 1 through No. 8 enter only corrections, changes and missing information
1) Degree: **MD**	
2) Massachusetts Board of Registration No.: **59447**	
3) DEA No. (If possessed): **BA1404956**	
4) Name: **BETSY AUGUST**	First: Middle: Last: Suffix: (e.g. Jr., Sr., II, III.)
5) 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
6) Business Telephone No.: [redacted]	( ) area code
7) Social Security No.: [redacted]	Required by M.G.L. c. 30A, s. 13A
8) Drug Schedules requested: **II,III,IV,V,VI**	Check all that apply: ❑ II ❑ III ❑ IV ❑ V ❑ VI Schedule VI includes all prescription drugs not in Schedules II - V.

In the boxes below enter the requested information

9) 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

10) Has any previous professional license or registration held by you under any name or corporate legal entity been revoked, suspended or denied or is it pending such action? ❑ Yes * ☒ No

* If you answered "Yes" to Question No. 9 or No. 10, 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) Betsy August MD Date 1/22/05

Notice Date: 01/07/2005

Rev. 20020128

IMPORTANT

If this license is lost or destroyed, notify the Board of Registration in Medicine at 560 Harrison Avenue, G-4, Boston MA 02118 - Telephone: (617) 654-9810.
If your name or address is changed, you are required to notify the Board immediately in writing. Always refer to your registration number. Registration is subject to the provisions of the Genaral Laws and the Board's regulations. Keep this license on your person as required by law. Provide your signature where noted on the license.

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE

ISSUES THIS LICENSE TO

BETSY S AUGUST M.D.

[redacted]

AS A REGISTERED PHYSICIAN

59447	05/19/2005
REGISTRATION NO.	EXPIRATION DATE

Detach along Perforations

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Betsy Augustus

(Signature)