



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 07/30/2013 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



19444

BETSY SUE AUGUST, MD



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

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>.

☐ 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.:

59447

3) DEA No. (If possessed):

BA1404956

4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.

5) Name:

BETSY SUE AUGUST

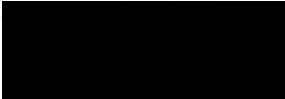
First:

Middle:

Last:

Suffix: (e.g. Jr., Sr., II, III.)

6) 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.

City

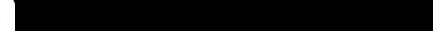


7) Mailing Address:

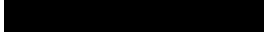
☐ Check here if same as the address printed below the barcode above

City _____ State _____ Zip _____

8) Business Telephone No.:



9) Social Security No.:



Required by M.G.L. c. 30A, s. 13A

10) 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.

11) E-mail Address:



12) Specialty (Enter up to 3 codes from the Specialty Code List):
OBGN

13) Virtual Gateway Username (If possessed, see instructions):



RECEIVED

MAY 11 2016

MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111

14) Birth Month and Day [MMDD] (Do not include year) [REDACTED]	
15) MA Online PMP PIN: (If blank, please create one) [REDACTED]	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. 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. 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)

Betsy Augustus

Date

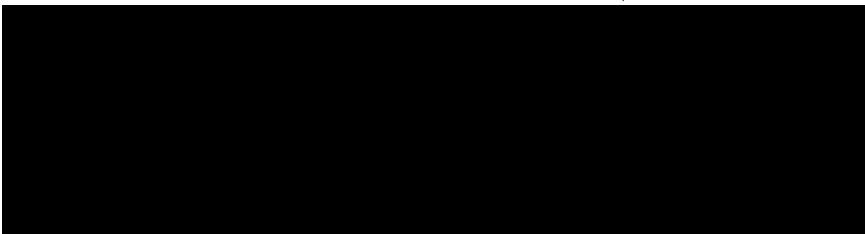
5/9/16

First Notice

Notice Date: 05/03/2016

Rev. 20150306-01

BETSY S. AUGUST, MD



FACSIMILE TRANSMITTAL SHEET

TO: DRH. Controlled Substance FROM: _____
COMPANY: _____ DATE: 5/09/2016
FAX NUMBER: [REDACTED] TOTAL NO. OF PAGES INCLUDING COVER: (2)
PHONE NUMBER: [REDACTED] SENDER'S REFERENCE NUMBER: _____

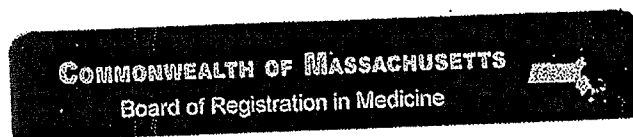
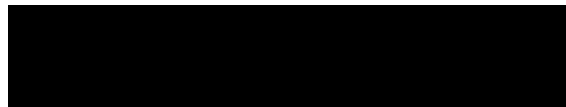
RE: _____ YOUR REFERENCE NUMBER: _____
☒ URGENT (FOR REVIEW (PLEASE COMMENT (PLEASE REPLY (PLEASE RECYCLE
NOTES/COMMENTS:

CONFIDENTIAL

NOTE: The information transmitted in this electronic communication is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this information in error, please contact the our office at 978-741-2500 and properly dispose of this information.

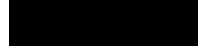
Please Note Betsy S August, MD
No license. OMG- I forgot
to put it in the envelope w/
a \$150.00 check. I had just
walked to PO + the check application
in the mail. My Cell Back #



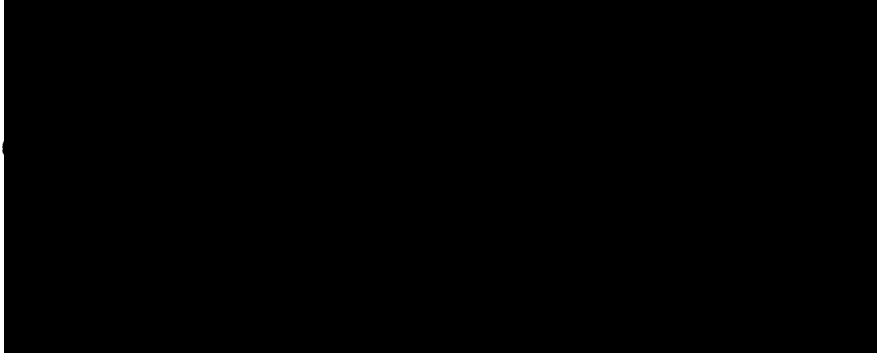


Active License

Betsy S August M.D.



Lic. # 59447
Expires: 05/19/2017



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*Please Note Bursy S August, MD
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walked to PO + the check application
in the mail. My Call Back #*





Commonwealth of Massachusetts

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MA Dept. of Public Health
89 Chauncy Street
Boston, MA 02111

BETSY S. AUGUST, M.D. LLC

PAY
TO THE
ORDER OF

Commonwealth of Mass
One hundred and fifty dollars - and no/100 - \$ 150.00
FOR Controlled License
Betsy August

DATE 5/09/16

5-7515/110

baugust1

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
99 CHAUNCEY STREET, 11TH FLOOR, BOSTON, MA 02111

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C




NUMBER
MA0383567

ISSUED
05/11/2016

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

ISSUED TO AUGUST, BETSY SUE MD




COMMISSIONER OF PUBLIC HEALTH

697414

FILE COPY

REGAL