

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
MD0812176A 09/07/10

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

ISSUED TO

DUTTON, CARYN RUTH MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW REGISTRANT

503168

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Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs

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

RECEIVED
SEP 07 2010
DEPT. OF PUBLIC HEALTH
DIVISION OF FOOD AND DRUGS

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.

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>.

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.: 245859

3) DEA Controlled Substance Registration No. (If possessed): BD6205909

4) Name:
 First: Caryn Middle: Ruth Last: Dutton
 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) 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 name or legal entity been surrendered, revoked, suspended or denied or is such action pending? 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) C Dutton MD

Date 9/2/10

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Caryn R Dutton M.D.
redacted

Lic. # 245859

Expires: 03/31/2011