

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
MM0411734A	07/21/03	CONTROLLED SUBSTANCES PRACTITIONER
		SCHEDULES
		II

ISSUED TO

MASON, SANDRA MD

redacted

Christine Ferguson

COMMISSIONER OF PUBLIC HEALTH

255359

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 June, 2000 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



05COW3SEZ

SANDRA MASON, 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.: 207645	
3) DEA No. (If possessed):	
4) Name: SANDRA MASON	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	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.
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? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> 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)

Sandra Mason

Date

7/8/03

an 7/24

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 General 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

Sandra Mason M.D.
redacted

AS A REGISTERED PHYSICIAN

207645

REGISTRATION NO.

05/09/2005

EXPIRATION DATE

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BOARD OF REGISTRATION IN MEDICINE**

ISSUES THIS LICENSE TO

Sandra Mason M.D.
redacted

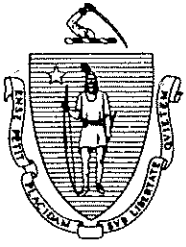
AS A REGISTERED PHYSICIAN

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EXPIRATION DATE



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6700 (617) 524-8062 - Fax

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

RONALD PRESTON
SECRETARY

CHRISTINE C. FERGUSON
COMMISSIONER

July 1, 2003

Dear Registrant:

At the direction of the Secretary of Administration and Finance, and pursuant to M.G.L. c. 7, sec. 3B, I am hereby notifying you that the Secretary has amended 801 CMR section 4.02: Fees for Licenses, Permits and Services to be Charged by State Agencies. The fees, which will be effective on July 1, 2003, have been raised in the following departments:

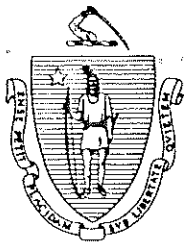
Department of Food and Agriculture
Department of Public Health
Department of Revenue
Division of Insurance
Division of Standards
Department of Public Utilities
Department of Public Safety
Massachusetts Aeronautics Commission
Registry of Motor Vehicles
Office of the Secretary of State

The new fee for your Massachusetts Controlled Substances Registration is indicated on the application form.

Sincerely,

A handwritten signature in black ink that reads "Grant M. Carrow".

Grant M. Carrow, Ph.D.
Director, Drug Control Program



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6700 (617) 524-8062 - Fax

REGISTRATION RECALL NOTICE

July 2, 2003

Dear Registrant:

The Division of Food and Drugs, Drug Control Program, is responsible for enforcing the Controlled Substances Act, M.G.L. 94C, including the issuance and recall of Massachusetts Controlled Substances Registrations (MCSRs). These registrations provide accountability for the possession, prescribing, dispensing, and administration of controlled substances (Schedules II-VI).^{*} The periodic recall of MCSRs, in accordance with regulations of 105 CMR 700.004, enables the Department to maintain current and accurate records of all actively practicing registrants in Massachusetts. In addition to accountability, the Division provides primary source verification of registration status for employers. Accordingly, the Department is recalling every practitioner registration that is over three years old. This letter is being sent to all practitioners who obtained a MCSR in June, 2000.

Enclosed is a registration application which must be completed and returned by August 15, 2003 along with a copy of your current **Board of Registration license** and a check for **\$150.00** payable to the Commonwealth of Massachusetts. Upon receipt of the completed application, you will be issued a new MCSR. Please note that you must obtain a separate registration for each principal place of business or professional practice at which you maintain controlled substances.

The federal Drug Enforcement Administration (DEA) is now cross-referencing the Department's files to ensure that practitioners possess the necessary state registration. Please submit the completed application for the recall of your MCSR on time since missing or incomplete applications may delay the renewal of your DEA Controlled Substances Registration. In addition, lack of a current, valid MCSR will be reflected in reports to health care facilities that request primary source verification of registrations.

If you do not possess, prescribe, dispense or administer controlled substances or if you no longer wish to retain your MCSR because of retirement, moving out of state or any other reason, please check off the appropriate box on the enclosed application and return it to the Division. Questions regarding this notice should be directed to **Ralph Marple**, Program Coordinator at (617) 983-6727.

Sincerely,

A handwritten signature in cursive script that reads "Ralph Marple".

Ralph Marple
Program Coordinator

^{*} Please see other side for a definition of "controlled substances".