



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 July, 2003 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



05COW3SEZ

SANDRA MASON, MD

redacted

SEP 28 2006

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts"; *→ PD (my check has been cashed)*
- 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	<i>I got married but still use "Mason" professionally.</i>
2) Massachusetts Board of Registration No.: 207645	
3) DEA No. (If possessed):	
4) Name: SANDRA MASON	First: <i>Sandra Mason</i> Middle: _____ Last: <i>MASON-BARRETT</i> 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-Barrett* Date 9/22/06

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine



Active License

Sandra Mason M.D.
redacted

Lic. # 207645
Expires: 05/09/2008