

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
MM0411734A 07/20/09

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II

ISSUED TO

MASON, SANDRA MD
redacted

COMMISSIONER OF PUBLIC HEALTH

505051

FILE COPY

RECALL



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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 September, 2006 (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: 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)

Date 7/10/09

**FOR YOUR INFORMATION
CONCERNING CONTROLLED SUBSTANCES**

Dear Practitioner:

The Division of Food and Drugs has received many calls and letters from practitioners inquiring about controlled substances and if they are required to complete and return the Recall application for a Massachusetts Controlled Substances Registration (MCSR) they have received. The Division is issuing this notice to define "Controlled Substances" in order to assist practitioners in accurately completing the Recall application. A controlled substance means a drug, substance or immediate precursor in any schedule or class referred to in M.G.L. c.94C or C.M.R. 700.000. This refers to **NOT ONLY** all drugs in Federal Schedules CII, III, IV, V but also **ALL** drugs in Massachusetts Schedule VI. Any substance, material or supply that only a licensed practitioner can prescribe, possess, order, sample or administer is a controlled substance.

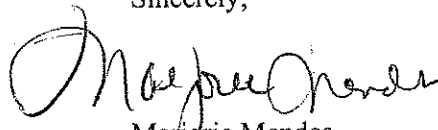
Some Schedule VI examples of controlled substances would include but not limited to:

- * antibiotics
- * heart medications
- * blood pressure medications
- * cholesterol medications
- * birth control medications
- * diuretics
- * oxygen

State registration applies to all practitioners who prescribe, possess, sample or administer controlled substances and is conducted under the Department's authority as stated in M.G.L. c.94C, s.7(f) and 105 CMR 700.004(D)(2)].

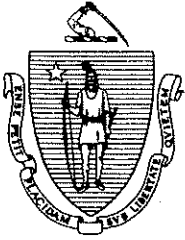
If you need an application to register for a MCSR, please write to the above address or contact me at (617) 983-6708.

Sincerely,



Marjorie Mendes
Program Coordinator

K: Bureau/DCP/DFD/Ralph



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

Your application is being returned for the reason(s) checked below:

	REASON FOR RETURN	ADDITIONAL COMMENTS AND/OR INSTRUCTIONS
1.	<input type="checkbox"/> Please check all drug schedules that apply.	
2.	<input type="checkbox"/> A copy of a TPA letter is required for your initial registration. If you do not have one, please contact the Board of Optometry at 617-727-3093.	
3.	<input checked="" type="checkbox"/> You must sign your application. <input checked="" type="checkbox"/> You must sign your check.	
4.	<input type="checkbox"/> Your social security number is required.	
5.	<input type="checkbox"/> A check in the amount of \$150.00 and made payable to The Commonwealth of Massachusetts is required must accompany your application.	
6.	<input type="checkbox"/> A Massachusetts business address is required. A post office box is not acceptable. Please include the Department (i.e. Pediatrics).	
7.	<input type="checkbox"/> A copy of your current Massachusetts Medical License (small wallet card issued by the Board of Registration in Medicine or appropriate board with exp. date) must accompany your application.	
8.	<input type="checkbox"/> Our records indicate that you have an existing registration. <input type="checkbox"/> Second location is not necessary	
9.	<input type="checkbox"/> Other	

K: Bureau/Admin/Application Forms/PHYOPT return sheet