

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

MM0386943A

09/29/1999

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

MUENZER, MATTHIAS G MD



Howard K. Koh
COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW REGISTRANT

222247

Drug Schedule (Check all applicable):

Schedule II

Schedule III

Schedule IV

Schedule V

Schedule VI*

*Schedule VI Drugs are all prescription drugs not listed in Federal Schedules II thru V

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- a) Are you currently authorized to distribute, dispense, prescribe, conduct research, or otherwise handle the controlled substances in the Schedules for which you are applying under the laws of the state or jurisdiction in which you are operating? YES NO
- b) Has the applicant been convicted of any violation of State or Federal law relating to the manufacture, distribution, or dispensing of controlled substances? YES* NO
- c) Has any previous registration held by the applicant under any name, or corporate or legal entity under CSA been surrendered, revoked, suspended, denied or is it pending such action? YES* NO

*If yes, attach letter setting forth circumstances of such action.

DEA Number (if available) _____

Massachusetts Medical License (Registration) Number: 160382 EXP DATE 8/26/00

Note: Any person intending to conduct clinical research with any schedule I substance or any schedule II narcotic must obtain a "researcher" registration by submitting a separate application form.

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 rules and regulations promulgated by the Department of Public Health. I also certify, pursuant to 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 the law.

Signed under the penalties of perjury. Signature of applicant or authorized individual: [Signature]

Print Name MATTHIAS G. MUENZER, MD Date of Application 9/26/99 Social Security or Federal Identification No. [Redacted]

COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR REGISTRATION under the CONTROLLED SUBSTANCES ACT
MASSACHUSETTS GENERAL LAWS Chapter 94C

REGISTRATION CLASSIFICATION

Circle one only: MD DMD DDS DVM VMD DO DPM

SEP 29 1999

*Will FAX
When his
pres. add.*

Print or Type Registrant's Name and Massachusetts Business Address:

MATTHIAS G. MUENZER MD
[Redacted Address]

Telephone No. (617) [Redacted] area code

To receive controlled substances registration:

1. Complete both sides of card
2. Enclose check or money order for \$50.00 payable to Commonwealth of Massachusetts
3. Enclose copy of current Massachusetts Medical License
4. Mail to:
DEPARTMENT OF PUBLIC HEALTH
Division of Food and Drugs
305 South Street
Jamaica Plain, MA 02130

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
Argo Paul Cellucci, Governor

ISSUES THIS LICENSE TO

Matthias G Muenzer M.D.

[Redacted]

AS A REGISTERED PHYSICIAN

160382

08/26/2000

REGISTRATION NO.

EXPIRATION DATE