

Massachusetts Controlled Substance Registration **In Process Attestation**

DPH Phone Number: 617.973.0949

MCSR Number: _____

I, _____ attest that I have contacted the
Practitioner Name
Department of Public Health, Division of Food and Drugs on _____
Date
and have confirmed with _____ that my
DPH/DFD Representative Name

Massachusetts Controlled Substance Registration application has been received by their office and is currently in process. I have also confirmed that, since my application is in process, I am legally able to continue to administer, dispense and prescribe controlled substances until I have received my new certificate.

Signature: _____ Date: _____