



Massachusetts Department of Public Health
Pharmaceutical and Medical Device Manufacturer Marketing
Code of Conduct

Registration Renewal

Compliance Filing Form for Manufacturers in Accordance with M.G.L. Chapter 111N

(This form should be used by manufacturers who have previously registered in regards to this regulation. This form should only be used if your company is unable to use the online registration renewal system. For more info on the online renewal system, please visit the program's website.)

Section 1: Contact Info

Company Unique ID Number:

(this number is assigned by the Department to each company when they initially register, and begins with a "CC" prefix)

Manufacturer Name:

Address:

City, State, Zip Code:

Contact Name:

(The designated company contact will receive important email notices from DPH)

Phone:

Email:

Compliance Officer Name:

Phone:

Email:

Section 2: Attestation and Signature

Attest to ALL of the following statements by checking the box next to the statement

Our company has a marketing code of conduct in compliance with 105 C.M.R. 970.000.

Our company has adopted a program to routinely train appropriate employees, including, without limitation, all sales and marketing staff regarding the marketing code of conduct, as described in 105 C.M.R. 970.000. A copy of the training program is available to the Department of Public Health on request (DO NOT SEND COPIES).

Our company has policies and procedures in place for conducting investigations into any and all non-compliance with 105 C.M.R. 970.000, taking corrective actions in response to all non-compliance, and reporting instances of non-compliance to the appropriate state authority. A copy of these policies and procedures is available to the Department of Public Health on request (DO NOT SEND COPIES).

I certify our company has conducted an annual audit to ensure compliance with 105 C.M.R. 970.000.

Our company has submitted (or plans to submit) an electronic disclosure report file, via email, to the Department detailing all payments made to 'covered recipients' for the previous calendar year. (DO NOT SEND COPIES OF THE DISCLOSURE REPORT ALONG WITH THIS FORM)

An annual fee of \$2000 is included with this form. Please make checks payable to the Commonwealth of Massachusetts.

I hereby certify to the Massachusetts Department of Public Health to the best of my knowledge, information, and belief that

(Enter Company Name)

is in compliance with 105 C.M.R. 970.000.

Signed under the pains and penalties of perjury:

Signature of Compliance Officer

Date

Section 3: Payment and Submission

Please submit this completed registration form, along with a check for the registration fee of \$2000, to the following contact:

Andrew Sinatra
MA Division of Health Care Quality
99 Chauncy St., 11th floor
Boston, MA 02111

For questions, please submit an email to pharmamedreg@massmail.state.ma.us