

CHECKLIST FOR CHANGE OF PROGRAM APPLICATION

A change of program application is for physicians who are changing a specialty, subspecialty or training program.

HAVE YOU

- Downloaded all of the pages of the change of program application form?
- Read the instructions, answered every question, signed the application and Authorization for Release of Information form and enclosed a check for \$100.00 made payable to the Commonwealth of Massachusetts?
- Completed the supplemental pages if you answered "yes" to any questions?
- Included license verifications, in sealed envelopes, from every state where you were issued a full license since your last renewal and attached them to your limited license application?
- Included a completed Evaluation form from your current program director (the training program that you are leaving)? Please instruct the program director to return the completed Evaluation form to you in a sealed envelope and attach it to your change of program application.

IF THE SEALS ON ANY ENVELOPES ARE BROKEN, THE INFORMATION WILL NOT BE ACCEPTED BY THE BOARD. PLEASE CONTACT THE PROGRAM COORDINATOR AT YOUR TRAINING PROGRAM IF YOU HAVE ANY QUESTIONS.