

**Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880**

Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

FULL LICENSE APPLICATION INSTRUCTIONS

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PLEASE MAKE A COPY OF ALL SUBMITTED FORMS FOR YOUR RECORDS

The Board's regulations require that you provide all of your health care affiliations in the Commonwealth of Massachusetts with a copy of your completed full license application and the supplement. Before mailing your full license application, please make a copy of your application and supplement for your records. The Board charges a fee for a copy of the full license application and you may experience a significant delay in receiving the copy.

MISSION STATEMENT

The Board of Registration in Medicine serves the public by striving to ensure that only qualified physicians are licensed to practice in the Commonwealth, and that licensed physicians and health care institutions provide patients with the highest standard of care and support that characterizes the high quality of health care in Massachusetts.

GENERAL INSTRUCTIONS FOR A FULL MEDICAL LICENSE

NOTE: *If you ever held a Massachusetts full license in the past, do not use this application form. You must complete a lapsed application to revive your lapsed license. The lapsed license application is available on-line at the Board's website at www.massmedboard.org.*

Please do not send your full license application to the Board until you have collected all of the following documents in sealed envelopes.

- *Moral and Professional Character form*
- *National Practitioner Data Bank Profile*
- *State License Verifications from each state in which you have ever held a full license whether the license is active or inactive*
- *Postgraduate Verifications*
- *Evaluations*

Please read the following instructions carefully before submitting an application for a full medical license.

If you are a U.S. graduate do not submit the medical education verification to your medical school until you send your full license application to the Board. If you are an international medical graduate please send the medical school verification to the medical school as soon as possible. Please do not request your examination scores, legal or malpractice documents until after you receive all of the documents listed in the Full License Application Instructions and checklist. This includes state license verifications, moral and professional character form, evaluations, postgraduate verification and National Practitioner DataBank profile in sealed envelopes. After the Board receives your full license application packet with the required documents, we will establish a tracking number and pending file for the additional documents that must be sent directly to the Board from the primary source.

Do not sign and date your full license application until you have collected all of the above documents and are ready to send it to the Board. Please be advised that if your full license application is incomplete after six (6) months, you will be required to update the application, supplement, Medicare tax form and any other documents that are over six months old. Evaluations must be updated after four (4) months or two (2) months if you have any legal issues.

The application packet consists of the forms required for completing the application process. You may download additional forms at the Board's website. Failure to comply with the instructions may delay processing your full license application.

- Print information in blue or black ballpoint pen. Illegible information will result in delayed processing.
- Provide a response to each applicable piece of information that is asked of you in the application packet.
- Include all components of the requested information, especially complete names and addresses of medical schools and hospitals. Failure to submit full addresses will result in delayed processing.

- Provide complete dates (both month and year) on the postgraduate training and hospital affiliation sections of your license application. Please list the training and hospital affiliations on the application form. Attach a separate sheet of paper if necessary.
- Account for any gaps longer than three months following your medical school training.

BIRTHDAY RENEWAL

Renewal of your medical license will occur on your first birthday after the license issuance date, unless your birthday falls within ninety (90) days of obtaining initial licensure. If your first birthday after the issuance date falls within this time frame, you will not be required to renew your license until the following birthday. Renewals thereafter will be on a two-year birthday cycle.

Please notify the Board in writing when you submit your full license application if you do not want your application to be presented to the Board until ninety (90) days before your birthdate.

PROCESSING OF APPLICATIONS

The processing time for a full license application is dependent upon receipt of all supporting documents. Routine processing of a full license application usually requires a minimum of sixteen (16) weeks. Applications with malpractice or legal issues will require more time to process. After reviewing your file, we will notify you if additional documents are required. If you wish acknowledgement of receipt of your full license application, please mail your application by certified mail, return receipt requested. Completed applications are presented to the Board on the first and third Wednesdays. Following Board approval of your application for licensure, your wallet-sized card will be mailed to you within eight (8) business days and your certificate of licensure will be mailed within six (6) weeks. **The Board strongly recommends that you do not make any commitments in Massachusetts on home purchases, loans, etc. until you have been granted a license to practice medicine in Massachusetts.**

DEA AND CONTROLLED SUBSTANCE REGISTRATION

You will be required to send a copy of your wallet-sized card with your license number to the Drug Enforcement Agency (DEA) and to the Massachusetts Department of Public Health for controlled substances certificates. Please call the DEA at (617) 557-2200 and the Department of Public Health at (617) 983-6704 for additional instructions.

REGISTRATION OF MEDICAL LICENSE

Please note that, pursuant to M.G.L. c. 112, §8, you are required to register your medical license with the clerk of the city or town where you practice. Failure to do so could result in a fine of up to \$100.00.

APPLICATION INFORMATION

This application is for U.S. and international medical school graduates applying for full licensure. Please use the checklist accompanying the application to identify necessary forms for U.S. and international medical school graduates. Throughout this application, the following terms apply:

U.S. graduates refer to graduates of medical schools in the United States, Canada or Puerto Rico.

International graduates refers to graduates of all medical schools not located in the United States, Canada, or Puerto Rico.

Also, the names of required forms are underlined. (example: State License Verification Form, Supplement Form, and Medical Education Verification Form).

APPLICATION FEE

The application-processing fee is \$600.00 and is a non-refundable fee. Please make your check payable to the Commonwealth of Massachusetts. A certified check or money order is preferred, but personal checks are accepted. Applications received without the \$600.00 fee will not be processed and will be returned to the sender.

FULL LICENSE APPLICATION INSTRUCTIONS

Legal Name:

Print your full legal name, as it should appear on your license.

Other Names Used:

List any names that may appear on your medical school transcripts or other legal documents. If the name on the first line of the application does not correspond with the name on accompanying credentials, you must submit a notarized copy of a document explaining the name change (either a court order or a marriage certificate). If the credential certificate is written in a foreign language, you must submit an officially notarized translation.

Mailing, Home and Business Addresses:

Provide your mailing address, business and home address and telephone numbers. The Board will send all correspondence to your mailing address. A post office box cannot be used for your business or home address, only the mailing address. Your mailing and business addresses are public record.

Social Security Number:

Each applicant must provide the Board with a United States Social Security number pursuant to M.G.L. c. 30A §13A in order for a license to be issued. Your social security number may be used to facilitate the authorized sharing of information among designated agencies to expedite processing of your application. Your number may be shared to identify: any reports of disciplinary action filed in national data repositories; tax default status; student loan default status; child support arrearages; Medicaid provider eligibility; Massachusetts controlled substance registration; and collection of fines from Board disciplinary cases. The Board considers this information highly confidential and not subject to release unless specifically authorized.

Medical Education:

List pre-medical and medical school(s) attended chronologically along with the dates of your attendance, and any degrees that you received from the school. If you are a *U.S. or Canadian graduate*, and attended medical school for more than four (4) years, or, if there is a gap in your medical education, please explain why on a separate sheet of paper. If you are an *international medical school graduate* and attended more than six (6) years of medical school, please explain why on a separate sheet of paper. A letter of explanation from the dean of the medical school is also required.

Postgraduate Education and Hospital Appointments:

Chronologically list and date all educational or professional training experiences and employment from the date of your medical school graduation to the present. You must account for all periods of time, whether or not you were

engaged in the practice of medicine. Applications with blank spaces will not be accepted and will be returned to you. If you need additional space, you may use another sheet of paper.

Other State Licenses:

List all states where you ever had a full license, whether the license is active or inactive or not renewed. The Board will cross-reference the information on your application with the AMA Physician Profile.

Board Certifications:

Answer "yes" only if you are board certified by the American Board of Medical Specialties (ABMS) or the American Board of Osteopathic Medicine (ABOM) only.

Reason for Requesting a Massachusetts Full License:

State your plans for practicing medicine in Massachusetts.

Affidavit of Applicant:

By signing the full license application, under the penalties of perjury, you are confirming that the information provided is accurate.

Curriculum Vitae:

Please enclose a copy of your current curriculum vitae listing the months and years of your education, training and clinical activity since your graduation from medical school. Please explain any gaps, or leaves of absence, in your training or clinical activity in a separate letter and attach the letter to your curriculum vitae.

Medical School Diploma

International medical school graduates must also send a notarized copy of their medical school diploma and ECFMG Certificate with your full license application. The notarization signature, date and seal on the documents must be original.

OTHER REQUIRED FORMS

MEDICARE TAX FORM

An applicant for Massachusetts's medical licensure must complete this form. Your signature and the date of signing are required on the signature lines at the top and bottom of the Medicare Tax Form.

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

The Authorization for Release of Information must be completed and returned to the Board with your application.

SUPPLEMENT TO APPLICATION FORM

Instructions for answering the questions on the Supplement form are included in the application package. All of the questions on the Supplement form must be answered "yes" or "no." Failure to accurately report information to the Board will delay the application process. Please be careful in matching your answers to questions. Pages 5-10 of the application form must be completed if you answer "yes" to any question. If you answered "yes" to questions #1 or #8, you are required to request copies of additional documentation from either the court or your attorney. The Board will not accept court documents from you. If you answered "yes" to questions #15-A or #15-B, you must contact your liability carrier or attorney to provide the Board with a copy of the complaint for any open case. If any

of the cases are closed, a copy of the complaint and a document recording the final disposition of the case and monies paid on your behalf, even if none were paid, will be required. The completed Supplement form must be enclosed with your full license application.

You must collect the following documents and send them to the Board with your full license application.

IMPORTANT: You will be requesting that certain documentation be returned to you directly. **The majority of these envelopes must have the signature of the endorser across the seal of the envelope. DO NOT OPEN THESE ENVELOPES.**

The Board will not accept any opened envelopes and will return them to you. You will have to request this information again, which may delay the processing time of your full license application. The National Practitioner Data Bank will not have a signature across the seal of the envelope. **Please make note of this and do not open the envelope.** If you have to repeat the process to obtain this information, processing of your full license application may be significantly delayed

MORAL & PROFESSIONAL CHARACTER

The Certificate of Moral and Professional Character must be completed and signed by the applicant and confirmed by a physician who has a current medical license in the United States.

- Attach a 2" x 2" color photograph of yourself taken within the past six (6) months and the photograph must be adequate for positive identification. A black and white photograph will not be accepted.
- The photograph must have the signature of the applicant, the date and the signature and seal of a U.S. Notary Public.
- The photograph must be original and not a photocopy taken from a book.
- The Certificate of Moral and Professional Character must be sent and signed by a physician legally authorized to practice medicine in the U.S. The designated physician must not be an applicant's relative, but should have known the applicant for at least two (2) years.
- The physician attesting to your moral and professional character must return the completed Certificate of Moral and Professional Character form to you in a sealed envelope. **Please inform the physician who is signing the form to place his/her signature across the affixed seal on the back of the envelope.**

POSTGRADUATE TRAINING VERIFICATION FORM

ACGME-accredited postgraduate training in the U.S. or Canada is required for all applicants. U.S. graduates are required to have at least one (1) year of post-graduate training and international medical school graduates are required to have at least two (2) years of post-graduate training.

Submit the Postgraduate Verification form to all health care facilities in the U.S., Canada or Puerto Rico where you have participated in any internship, residency or fellowship training, including training programs that were not completed. **Please inform the physician who is signing the form to place his/her signature across the affixed seal on the back of the envelope and return it to you.**

EVALUATION FORM

At least one (1) year of current evaluations are required for *U.S. graduates*, two (2) years of current evaluations are required for international medical graduates. The Board's Evaluation form must be completed and signed by a physician who was your program director, department chairperson or a physician in a supervisory capacity who can evaluate your clinical performance.

If you are in a training program, the Evaluation form must be completed by the program director of your training program. If you have completed your training, submit the Evaluation form to the health care facilities where you were credentialed.

If you have completed your training and working in a health care facility, the Evaluation must be completed by the department chairperson or department chief in your specialty.

If you are a *locum tenens physician*, the Evaluation forms must be completed by the health care facilities where you have had locum tenens assignments for the past two (2) years. If there are any gaps between assignments, you must provide detailed chronological documentation of your activities. **Please inform the physician who is signing the form to place his/her signature across the affixed seal on the back of the envelope.**

The Evaluation forms must be current within 120 days prior to Board review. If there are any outstanding legal issues relating to your application, the evaluation must be completed within 60 days of Board review. The Board reserves the right to require that Evaluation forms be current within 30 days of Board review.

STATE LICENSE VERIFICATION FORM

Please submit the State License Verification forms to every state or province where you ever held a full license in the United States, Puerto Rico or Canada, whether the license is currently active or inactive. Before mailing the State License Verification form, please contact that particular state board for information regarding any processing fees. You may also access other state board websites at WWW.DOCBOARD.ORG for licensing board e-mail addresses and instructions on obtaining confirmation of state licenses. Please note that California, Texas and Pennsylvania will only send license verifications directly to the Board. The Board will cross-reference the information you provide on current or previous state licenses with the AMA Physician's Profile.

Please note that California and Texas licensing boards will only send a license verification directly to the Board and the State License Verification will be held in a pending file until your full license application and fee are received.

State License Verification forms are current for six months from the date of verification. If your full application is still incomplete after six months, you will be required to obtain updated State License Verification forms from each state.

Please do not send your full license application to the Board until you have received all State License Verification forms from every state in which you held a full license (with the exception of Texas and California). Do not open the envelopes in which the license verification forms are returned. If the seal on any envelope is broken, it will be returned to you and you will be required to repeat the process.

NATIONAL PRACTITIONER DATA BANK

Full license applicants must request a self query profile from the National Practitioner Data Bank (NPDB). You may access the NPDB at <http://www.npdb-hipdb.com> and complete the self-query form online. After completing the self-query form, you must print out a hard copy, have it notarized and forward it to the Data Bank. The NPDB will offer you a pdf and a paper copy of your NPDB profile. You must request a paper copy of your NPDB Profile in addition to the pdf.

Please note that the date of your signature and notary date must be the same, otherwise the NPDB will return the self-query form to you which will result in delaying the completion of your full license application. The self-query fee of \$16.00 is payable by credit card only (Visa, MasterCard, Discover). Please remember to include your credit card number and expiration date on your query form.

When you receive your National Practitioner Data Bank profile, DO NOT OPEN THE ENVELOPE. You must mail it directly to the Board with your full license application. If the envelope is opened, it will be returned to you and a new National Practitioner Data Bank profile request must be submitted. The National Practitioner Data Bank requires up to 4 weeks to process a new profile. If you have questions, contact the Data Bank at 1-800-767-6732.

MALPRACTICE HISTORY FORM

Complete the Malpractice History form listing all of your malpractice carriers for the past ten (10) years. The original Malpractice History form must be returned to the Board with your full license application and a copy must be sent to all your liability carriers for the past ten years.

Please note that every applicant must complete the Malpractice History form listing all liability carriers for the past ten (10) years whether or not a claim or suit was ever filed against you. This includes liability carrier(s) from all training programs. Please contact the risk management office at the training facility(ies) for instructions on obtaining the liability history report.

To obtain your liability history from your current or previous training program, you may contact the risk management office at the healthcare facility for the name and address of all liability carrier and forward a copy of the Malpractice History form to each liability carrier. The signed Malpractice History form authorizes the liability carrier to provide information to the Board. Please indicate the beginning and ending dates of your liability coverage with each carrier. The liability carrier must confirm and document the beginning and end dates of your coverage, whether there were any cases filed against you and if any monies paid on your behalf. **The liability carrier must forward the malpractice history information directly to the Board.**

FIFTH PATHWAY PROGRAMS

Graduates of Fifth-Pathway programs must provide verification of ACGME-approved training in a teaching hospital. A notarized copy of the Fifth Pathway certificate must be submitted. The Fifth Pathway form may be downloaded from the Board's website and forwarded to the training program where the Fifth Pathway training was completed. Please note that this only applies to applicants who completed a Fifth Pathway Program. **Please inform the physician who is signing the form to place his/her signature across the affixed seal on the back of the envelope and include it with your full application packet.**

THE FOLLOWING FORMS MUST BE REQUESTED FROM THE PRIMARY SOURCE AND SENT TO DIRECTLY TO THE BOARD.

MEDICAL EDUCATION VERIFICATION FORM

Complete the authorization statement at the top of the Medical Education Verification form and send it to your medical school. If more than one medical school was attended, the form must be duplicated and sent to each additional school.

Verification of premedical and medical education must be completed in detail and returned **DIRECTLY** from the medical school to the Board. The Medical Education Verification form must be signed by the current Dean or designated official, and accompanied by the official seal of the medical school granting the degree. All forms must be completed, signed and sealed by the medical schools.

If there were gaps in medical education, or more than four (4) years of medical school for a *U.S. or Canadian graduate*, or more than six (6) years for an *international medical school graduate*, a letter from the dean of the medical school is required explaining dates and reasons.

International medical school graduates will be required to submit an official translation of the medical school transcripts in English (if necessary), prepared either by the medical school or a U.S. translation company. The Board will send a copy of your medical school transcripts back to you if they need to be translated.

TRANSFER FROM PH.D. OR DENTAL SCHOOL PROGRAM TO AN M.D. PROGRAM

Transfer students who received credit from a Ph.D. or dental school program must submit the Medical Education Verification form with the official transcripts from the Ph.D. or dental school program. A letter of matriculation must also be sent to the Board from the medical school. The Board will not accept copies of your medical school transcripts.

LICENSURE BASED ON USMLE AND FLEX

Applicants requesting licensure based on FLEX or USMLE Steps 1, 2 and 3 may access the Federation of State Medical Board's (FSMB) on-line services at www.fsmb.org to request an examination score report. U.S.M.L.E. and FLEX scores will be electronically transmitted to the Board.

Please note that the Board's regulations require that the U.S.M.L.E. Steps 1, 2 and 3 must be completed within seven (7) years. An applicant must achieve scores acceptable to the Board on Steps 1, 2 and 3 of the U.S.M.L.E. within a seven-year period in order to fulfill the examination requirements for licensure. This seven-year period begins when an applicant receives notification of passing his/her first Step (either Step 1 or Step 2). The Board may approve an extension for a physician who has a Ph.D. in a field of biological sciences tested in the Step 1 content, including, but not limited to: anatomy, biochemistry, physiology, microbiology, pharmacology, pathology, genetics, neurosciences and molecular biology. Fields explicitly not included are business, economics, ethics, history or other fields not directly related to biological sciences.

NATIONAL BOARD OF MEDICAL EXAMINERS DIPLOMATE CERTIFICATION

Diplomates of the National Board of Medical Examiners (NBME) must obtain the Endorsement of NBME Certification form from the website at <http://www.nbme.org> and under Programs and Services, select "NBME certification and transcripts" and follow the instructions. The NBME certification scores must be sent to the Board of Registration in Medicine, 200 Harvard Mill Square Suite 330, Wakefield, Massachusetts 01880.

NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS DIPLOMATE CERTIFICATION

You may access the National Board of Osteopathic Medical Examiners (NBOME) website at www.nbome.org for a transcript request form and instructions. The transcript must be sent directly to the Board.

LICENSURE BASED ON LMCC

Applicants requesting licensure based on LMCC may request a transcript of LMCC Scores by fax at (613) 521-9417 or send a letter to: The Registrar, Medical Council of Canada, Box 8234, 1867 Alta Vista Drive, Ottawa, K1G 3H7 Canada. The transcript must be sent directly to the Massachusetts Board of Registration in Medicine. A notarized copy of your LMCC Certificate must be sent with your full license application.

FLEX EXAMINATION/STATE BOARD EXAMINATION VERIFICATION

Verification of a FLEX/State Examination must be sent directly to the Board from the state Board where the examination was administered. The verification must include the examination dates and scores. Massachusetts requires a FLEX passing score of 75 in each component. For examinations prior to June 1985, a FLEX weighted average score of 75 is required in one sitting. A state Board examination after June 19, 1970 will not be accepted for licensure.

AMA PHYSICIAN PROFILE

The *AMA Physician Profile* may be requested online at <http://www.ama-assn.org/AMAProfiles>. The profile will be sent directly to the Board from the AMA, or you may contact the AMA Customer Service for ordering assistance at (800) 665-2882 or (312) 364-5199.

OSTEOPATHIC (D.O.) PHYSICIAN PROFILE

In the Commonwealth of Massachusetts, it is the responsibility of all osteopathic physicians applying for a full license to practice to have their individual "*Official Osteopathic Physician Profile Report*" sent directly to the Board by the American Osteopathic Information Association. You may order your Official Osteopathic Physician Report over the Internet at <http://www.do-online.org> and ask that it be sent to the Massachusetts Board; or send a letter to: The American Osteopathic Information Association Credentials Services, 142 E. Ontario St. Chicago, IL 60611.

Additional Requirements for International Graduates

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) STATUS REPORT

The ECFMG Status Report must be sent directly to the Board from ECFMG electronically. Go to <https://cvsonline2.ecfm.org/lmgGenInfo.asp> for information and instructions on how to apply for your ECFMG status report to be sent to the Board. Please note that FMGEMS is not an accepted qualifying examination.

Please Note: An ECFMG Status Report is not a substitute for a licensing examination. International medical graduates must also request the examination reports from FSMB (U.S.M.L.E. Steps 1, 2 and 3 or FLEX Part I and II), NBME (National Boards Parts I, II and III), NBOME (National Board of Osteopathic Medicine) or LMCC (Licentiate of the Medical Council of Canada).

SUBSTANTIAL EQUIVALENCY OF MEDICAL SCHOOL TRAINING AND OFF-SITE ROTATIONS – FORMS E-1 AND E-2

In situations where an applicant cannot comply with 243 CMR 2.03(1)(b), requiring substantial equivalency of medical school education, a Waiver Request may be submitted to the Board. If an applicant completed more than three (3) months of any required or elective clinical rotation outside the country of their medical school, a Waiver Request and Forms E-1 and E-2 are required. The Board will review the applicant's medical school training and/or off-site clinical rotations to determine whether they are substantially equivalent to U.S. medical school training. Please request the Waiver Request and E1-E2 forms when submitting your full license application.

Other Documentation Requirements

MALPRACTICE CASES

If you have had a malpractice case brought against you in the past ten (10) years, you will need to either request your liability carrier or your attorney to forward documents listed below directly to the Board.

Open case – a copy of the complaint and a letter from the attorney or the liability carrier that includes the name or initials of the patient and that the case is pending.

Closed case – a copy of the complaint and final judgment, settlement and release or other final disposition of each claim, even if you were dismissed from the case by the court and/or the case was closed with or without prejudice and the amount of monies, if any, paid on your behalf.

Dismissed case – a copy of the dismissal if you were dismissed after the case was reviewed by a tribunal or jury. The dismissal must include the name or initials of the patient and confirmation that no monies were paid on your behalf.

Please note that if you were dismissed from the case before it was reviewed by a tribunal or court, the only documentation required is a letter from the liability carrier or the attorney stating the status of the case (which must include the claimant's name or at least his initials), and that no monies were paid on your behalf. A separate completed Supplement form must be completed for each case. The Malpractice History authorization to release information in the license application packet must be completed and forwarded to each of your liability carriers for the past ten (10) years. The original Malpractice History Authorization must be forwarded to the Board of Registration in Medicine for your license file.

Please note that you must complete question #15 on the Supplement Form even if a claim was filed against you but did not result in any action.

LEGAL ISSUES

For each criminal proceeding in which you were named a defendant, certified copies of the complaint, judgment or other disposition and a copy of the police report must be sent to the Board by your lawyer, the court or other appropriate agency. You must also provide a detailed explanation of the incident, including date, time, place, who was with you and the court action. It is the practice of the Licensing Committee to defer action on applications from individuals with current probation agreements in another state, until that state's licensing board has terminated the probation.

ADDRESS CHANGE

The Board's regulations require that you must notify the Board within thirty (30) days, in writing, when you change your address. Your wallet-card sized will be sent to the mailing address that you provide on your full license application.

PRACTICE OF MEDICINE

Please be advised that pursuant to Massachusetts's laws and regulations, you may not practice medicine in a training program or in an independent practice until you have received a license. The applicant is responsible for determining that the Board has issued a license prior to practicing medicine.

PLEASE MAKE A COPY OF YOUR FULL APPLICATION FOR YOUR RECORDS

The Board's regulations require that you provide all of your health care affiliations in the Commonwealth of Massachusetts with a copy of your completed full license application and the supplement. Before mailing your full license application, please make a copy of your application and supplement for your records. The Board charges a fee for a copy of the full license application and you may experience a significant delay in receiving the copy.

DOCUMENTS TO BE SUBMITTED WITH YOUR FULL LICENSE APPLICATION

1. Full License Application – all training, hospital affiliation dates, addresses are completed
2. Supplement form – all questions answered and supplement pages completed for "yes" answers
3. Authorization for Release form – signed with current date
4. Medicare Tax form

5. Malpractice History form – listing all liability carriers listed for the past ten (10) years, including training programs
6. Moral and Professional Character form (sealed envelope)
7. State License Verifications (sealed envelopes)
8. Evaluations (sealed envelopes)
9. Postgraduate Verification (sealed envelope)
10. National Practitioner Data Bank (sealed envelope)
11. ECFMG Certificate, notarized copy (International Medical Graduates only)
12. Notarized Diploma, notarized copy (International Medical Graduates only)

FCVS APPLICATION PROCESS

The Massachusetts Board of Registration in Medicine accepts the FCVS (Federation Credentials Verification Services) for verification of core credentials which includes medical school (from primary source) postgraduate training, examination scores and ECFMG verification. If you choose to utilize FCVS, you may obtain information at <http://www.fsmb.org/> or contact the FCVS at (817) 868-5000 or (888) 275-3287. The FCVS does not verify medical licenses in other states. Applicants utilizing FCVS for their core documents must also complete the following additional Board forms in accordance with the Board's application instructions:

- Full license application
- Supplement
- Medicare Tax Form
- Moral and Professional Character
- State License Verifications
- Evaluation Form
- National Practitioner Data Bank Profile
- AMA Profile
- Malpractice History Form
- Malpractice History Reports from all carriers
- Malpractice documents
- Legal documents, as required

TELEPHONE DIRECTORY & WEBSITE ADDRESSES

TELEPHONE

WEBSITE

- American Medical Association (800) 621-8335 www.ama-assn.org
- Board of Registration in Medicine..... (617) 654-9810 www.massmedboard.org
- Federal Drug Enforcement Administration (DEA) (617) 557-2200
- ECFMG (215) 386-5900 www.ecfmg.org
- FSMB (Federation of State Medical Boards..... (817) 868-4000 www.fsmb.org
- Mass. Dept. Health—Controlled Substance License (617) 983-6712
- Massachusetts Medical Society (800) 322-2303 www.massmed.org
- NBOME (National Board of Osteopathic Medical Examiners (773) 714-0622 www.nbome.org
- NBME (National Board of Medical Examiners) - website only www.nbme.org
- NPDB (National Practitioner Data Bank) (800) 767-6732 www.npdb-hipdb.com

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