

**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**

**STATE LICENSE VERIFICATION**

**Applicant's Instructions:** Complete the waiver for release of information and forward this form to every state board where you are currently licensed or were ever licensed in the past. Contact the individual state board(s) for information on verification processing fees before you mail this form.

**Applicant's Waiver for Release of Information:**

I am applying for licensure in the Commonwealth of Massachusetts and the Board of Registration in Medicine requires that this form be completed by each state where I hold or have ever held licensure. I hereby authorize the release of any information in your files, favorable or otherwise.

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print or type name: \_\_\_\_\_

License number: \_\_\_\_\_ Status of license:  Active  Inactive  Other \_\_\_\_\_

**TO BE COMPLETED BY STATE BOARD**

1. Name of medical school of graduation: \_\_\_\_\_

2. Date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_ License number: \_\_\_\_\_ Date of issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Basis for licensure:

\_\_\_\_\_ Name(s) of medical licensing examinations(s).

4. Expiration date of license: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Status of license: (check one)  good standing  revoked  suspended

6. If revoked or suspended, please explain: \_\_\_\_\_

	<b>YES</b>	<b>NO</b>
7. Has the licensee ever been on probation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the licensee ever been requested to appear before the board?	<input type="checkbox"/>	<input type="checkbox"/>

If "yes," please explain: \_\_\_\_\_

Other derogatory information: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signed: \_\_\_\_\_

**BOARD SEAL**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN THE STATE LICENSE VERIFICATION TO THE APPLICANT IN A SEALED ENVELOPE WITH THE BOARD SEAL OR THE SIGNATURE OF THE PERSON COMPLETING THIS FORM ON THE BACK OF THE ENVELOPE.**