

Revival of Lapsed License Application Instructions

Board of Registration in Medicine
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APPLICATION FEE

The processing fee for revival of a lapsed license is non-refundable. Please make a check in the amount of \$700.00 payable to the Commonwealth of Massachusetts. A certified check or money order is preferred, but personal checks are accepted. Applications unaccompanied by the lapsed license fee will not be processed and will be returned to the sender.

PRACTICE OF MEDICINE

The “practice of medicine” is defined in the Board’s regulations, in part, as the following conduct: diagnosis, treatment, use of instruments or other devices, or the prescription or administration of drugs for the relief of diseases or adverse physical or mental conditions. A person who holds himself out to the public as a “physician” or “surgeon” or with the initials “M.D.” or “D.O.” in connection with his name and who also assumes responsibility for another person’s physical or mental well-being is engaged in the practice of medicine.

Requesting a Change in Activity Status: To change your activity status you may access the Board’s website (www.massmedboard.org) and download the Request for Active Status form or Request for Inactive Status form or call (781) 876-8210.

An inactive licensee may not write prescriptions, even for his or her family members. An inactive licensee is exempt from continuing medical education (CME) and mandatory malpractice liability insurance requirements (except for “tail” coverage) but is subject to all other provisions of the Board’s regulations. An inactive licensee must continue to renew biennially and pay the \$600.00 registration fee.

Social Security Number: Your social security number may be used to facilitate the authorized sharing of information with designated agencies for identification of licensees for the following purposes: reporting of disciplinary actions to national data reporting systems; tax default status; student loan default status; child support arrearages; Medicaid provider eligibility; possession of Massachusetts controlled substances registration; and collection of fines from Board disciplinary case. Pursuant to 42 U.S.C. § 405 (c)(2)(c)(i), (v), (vi) and M.G.L. c. 30A, § 13A, and M.G.L. c. 119A, § 16, you are required to provide this information. The Board considers this information highly confidential and it is not subject to release, except as specifically authorized.

Postgraduate Education and Hospital Appointments: Chronologically list and date all educational and professional training experience and employment from the date of graduation from medical school to the present. Account for all periods of time, whether or not you were engaged in the practice of medicine. Also enclose a copy of your updated curriculum vitae.

Medical Malpractice Insurance: Indicate whether your medical malpractice insurance is covered by an insurance carrier or letter of credit. Inactive physicians must answer this question only if they have applicable “tail” insurance. If you are an active practitioner and do not carry malpractice insurance, please explain why.

Continuing Medical Education Requirements: In the blanks provided, list the manner in which you completed your CME requirements during the past two years. Unless exempt, you must list the number

of Category 1 and 2 CME credits you have completed. Licensees enrolled in residency and clinical fellowship programs are exempt from the CME requirement until the first full license renewal cycle that begins after their program has ended.

Otherwise, you must have met the basic CME requirements for the two-year period ending on the date you sign this form. A brochure with more complete information on the CME requirements is available on the Board's web site at www.massmedboard.org.

The basic CME requirement for a two (2) year cycle requires no fewer than 100 hours of CME credit with the following components:

- (a) At least 40 credit hours in Category 1 programs (the entire 100 hour requirement may be met by earning Category 1 credits);
- (b) Up to 60 credit hours in Category 2 activities;
- (c) 10 credit hours of risk management study (see below), with at least 4 hours in Category 1;
- (d) Two credit hours by studying the Board's regulations in either Category 1 or 2;
- (e) A majority of the total 100 credit hour requirement must be in the licensee's primary area(s) of practice.

"Risk management study" must include instruction in medical malpractice prevention, such as risk identification, patient safety and loss prevention, and may include instruction in any of the following areas: medical ethics, quality assurance, medical-legal issues, patient relations, utilization review that directly relates to quality assurance, non-economic aspects of practice management.

SUPPLEMENT TO APPLICATION

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." Please be careful in matching your answers to questions, because incorrect answers will jeopardize and delay processing of your application. Pages 4-10 must be completed if you answer "YES" to any question(s).

MALPRACTICE CASES

If you have had a malpractice case brought against you in the past ten (10) years, you will need to either request that your liability carrier or your attorney forward a copy of the documents directly to the Board. If a malpractice case is open, closed or dismissed against you, your liability carrier or attorney must indicate that fact to the Board in a letter containing the claimant's name or initials, the date of dismissal and a statement if there were no monies were paid to the Claimant on your behalf. Your liability carrier or lawyer must also provide a copy of the complaint or summons or dismissal for every malpractice case against filed against you. You must complete question #10 on the Supplement Form even if a complaint 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 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.

MALPRACTICE HISTORY FORM

If you answered “yes” to question #10-A or 10-B, you must complete the Malpractice History Form listing all of your malpractice carriers for the past ten (10) years. The original Malpractice History Form should be returned to the Board with your lapsed license application. This includes the malpractice carrier(s) in your training programs and any hospitals where you had clinical privileges. Contact the risk management office at the healthcare facility for the name and address of all the liability carriers and forward a copy of the Malpractice History Form to every liability carrier. Instruct the liability carrier to state the dates of your coverage and whether there were any cases filed against you and the monies paid on your behalf. **The liability carrier must forward the malpractice history report directly to the Board.**

AUTHORIZATION FOR RELEASE OF INFORMATION

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

MEDICARE/TAX FORM

All applicants for Massachusetts medical licensure must complete this form.

AMA PHYSICIAN PROFILE

You may request an AMA Physician profile on line by visiting <http://www.ama-assn.org/AMAProfiles> and your AMA profile will be sent directly to the Board, or you may contact the AMA Customer Service for ordering assistance at (800) 665-2882 or (312) 364-5199.

NATIONAL PRACTITIONER DATA BANK

To request a National Practitioner Data Bank profile, please visit <http://www.npdb.com/sqinstr-i.html> 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. Please note that the date of your signature and notary date must be the same, otherwise the Self-Query form will be returned to you; delaying processing of your application. Also note that the Self-Query fee is payable by CREDIT CARD ONLY (Visa, MasterCard, Discover). Please remember to include your credit card number and expiration date on your query form.

IMPORTANT NOTE ABOUT NATIONAL PRACTITIONER DATA BANK PROFILES

When you receive your National Practitioner Data Bank profile, do not open the envelope. You must send it to the Board with your lapsed application and the accompanying documents. If the seal on the envelope is broken, the Data Bank Profile will be returned to you and you will be required to repeat the process. The National Practitioner Data Bank usually requires 4 weeks to process a new profile. If you have questions, contact the National Practitioner Data Bank at 1-800-767-6732.

LICENSE PROCESSING TIME

Do not send your lapsed application to the Board until you receive the National Practitioner Data Bank profile. It takes approximately 4 weeks, after the required documents are received by the Board, to process a lapsed license application that: a) lapsed in less than 2 years; and b) where there are no legal or malpractice issues. When a licensee applies to revive a license and more than 2 years have passed, the application must be reviewed by the Licensing Committee. Lapsed license applications containing malpractice or legal issues within the past 10 years will require more time to process.

Lapsed licenses recommended for revival by the Licensing Committee are forwarded to the Board for approval at its next meeting, approximately 2 weeks later. Upon approval of your application for licensure, your wallet-sized card will be mailed to you.

To obtain a license for prescribing medications, you must send a copy of your Massachusetts medical license to the Drug Enforcement Administration (DEA) and to the Massachusetts Department of Public Health for controlled substance certificates. Please call the DEA at (888) 272-5174 and the Department of Public Health at (617) 983-6712 for instructions.

ADDRESS CHANGES

The Board's regulations require that you notify the Board, within 30 days, in writing, when any of your addresses change. Please note that only one address can be a post office box and it cannot be your mailing address.

BIRTH DATE 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.

PRACTICE OF MEDICINE

Please be advised that under Massachusetts law you may not practice medicine in the Massachusetts until you have received a license. The license applicant is responsible for determining that the Board has issued a license prior to practicing medicine in the Commonwealth of Massachusetts.

PLEASE MAKE A COPY OF ALL SUBMITTED FORMS FOR YOUR RECORDS.

Please include the National Practitioner Data Bank Profile with your lapsed application and mail them to Board. The Board's regulations require that you provide a copy of your completed lapsed license application and supplement to all healthcare affiliations.

Revised: 10/09/2002
7/08/2003
8/17/2005
5/15/2009
7/01/2009
10/26/2009

TELEPHONE DIRECTORY & WEBSITE ADDRESSES

- American Medical Association (800) 621-8335
www.ama-assn.org
- Board of Registration in Medicine..... (781) 876-8200
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