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## RENEWAL INSTRUCTIONS

Please follow the Renewal Instructions to assist you in completing your renewal application. Specific instructions are provided for each item on the renewal application and for any additional documentation required to complete the renewal process. Your renewal application is pre-printed with information that you previously reported. Please update and correct the information to ensure that it is current and accurate. If you need additional space for your answers or corrections, please attach additional sheets of paper. The Form R for Questions 14-21 and the PCA-O form for office based surgery are enclosed with your renewal packet and also available at the Board's website at [www.massmedboard.org](http://www.massmedboard.org). The Reference Tables are included at the back of this instruction booklet.

Providing false or inaccurate information on the Renewal Application, Parts A, B, C, Form R, PCA-O or any attachments could result in severe consequences, including revocation of your license or other disciplinary action, and/or criminal prosecution for perjury.

To avoid delay in renewing your license, please read the instructions carefully. You may visit the Board's website at [www.massmedboard.org](http://www.massmedboard.org) for additional information. The Board considers an application complete only if it meets the following requirements:

- a. it is PRINTED in a legible manner;
- b. all data, information, and signatures requested are provided as specified;
- c. the proper fee is submitted; and
- d. the applicant has submitted any additional material the Board has requested.

Your completed renewal application and fee should be mailed to the Board promptly, and at least four (4) weeks before your birth date to ensure the timely renewal of your license.

**Due Date:** This is the date on which your renewal fee and completed application are due. Your due date is four (4) weeks prior to your birth date.

**Fee:** The renewal fee is non-refundable. As of July 1, 2009, the renewal fee will be \$600.00. If you renew your license before July 1, 2009, the fee will be \$400.00. Please make the check payable to the Commonwealth of Massachusetts. Certified checks, money orders, and personal checks are accepted. Mail your check and the detachable coupon in the enclosed BLUE envelope.

**Failure to Renew:** Unless you have successfully completed the renewal process, your license to practice medicine will expire on your birthday. If your license is not renewed, you may not practice medicine after 11:59 p.m. on your birthday.

**Name Change:** If you have changed your name, you must complete the Name Change Form which is available at the Board's website at [www.massmedboard.org](http://www.massmedboard.org).

**Pre-Printed Data:** Data for Questions 1-12 has already been entered from information previously provided on your renewal applications. Please make additions or corrections in the spaces provided or use an additional sheet of paper.

## **PART A**

1. **Activity Status:** If you wish to change your activity status, please check the appropriate box. You also need to fill out a Change of Status form. If you check inactive, remember that when you sign the renewal form you certify that you will not practice medicine in Massachusetts.

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 pay the \$600.00 registration fee and continue to renew biennially.

The “practice of medicine” is defined in the Board's regulations at 243 CMR 2.01. In part, the definition includes 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 in-between renewal cycles, you may visit the Board's website at [www.massmedboard.org](http://www.massmedboard.org) and download a Change of Status form.

**Non-Renewal:** If you do not wish to renew your license, check the appropriate box on the renewal application, sign and return it to the Board.

**Retirement:** If you no longer wish to practice medicine in the Commonwealth of Massachusetts, you may apply for retired status.

You may wish to contact the Massachusetts Medical Society's Office of the General Counsel at (781) 893-4610 or by E-mail at [www.massmed.org](http://www.massmed.org) to request their educational materials on retirement from practice. If, after full consideration, you wish to retire from the practice of medicine, please check the appropriate box on the renewal application. You must also complete a retirement form. This form is available on the Board's website at [www.massmedboard.org](http://www.massmedboard.org).

2a) **Mailing Address:** Your mailing address is pre-printed on the top of your renewal form. If there is a mistake in the address, provide the correct information in the space to the right. The Board will use this address to send all communications.

2b) **Home Address:** Your home address cannot be a Post Office Box.

2c) **Business Address:** Your business address cannot be a Post Office Box.

The Board has adopted the following policy regarding release of physician addresses: The Board will make a licensee's business address available to the public and include it on the Physician Profile. If a physician does not have a business address, the Board will make public and use the physician's mailing address, even if that mailing address is the same as the physician's home address.

The Board may also release a home address upon written request from a party for a showing of good cause; for example, when an attorney seeks a home address for the service of process.

**The Board's regulations require that you notify the Board within 30 days, in writing, when any of your addresses change. The Address Change Form is available at the Board's website at [www.massmedboard.org](http://www.massmedboard.org).**

**Telephone Numbers:** Your home telephone number will be kept confidential. However, if a physician does not have a business telephone number, the Board may release a home telephone number upon written request from a party for a showing of good cause.

3. **E-Mail Address:** Please enter your e-mail address. The Board will notify you by e-mail when your license is renewed and your wallet card is mailed. This initiative is part of the Board's ongoing effort to use information technology to communicate with you as quickly and efficiently as possible. Please visit the Board's website at [www.massmedboard.org](http://www.massmedboard.org) on a regular basis to see what we are doing to better serve your needs.

4. **Fax Number:** Please enter the fax number where you can receive confidential communications from the Board. Enter your new fax number if it has changed since your last renewal.

5. **Practice Specialty:** Refer to *Reference Table 1, page 15*. Please list the one or two ABMS specialties in which you spend the most time.

6. **Board Certifications:** For ABMS (American Board of Medical Specialties) and AOA (American Osteopathic Association) board certifications refer to *Reference Tables 2 and 3, pages 15, 16 and 17*. Do not list any other board certifications, only ABMS or AOA certifications.

7. **Drug Registration Number(s):** If you have a Massachusetts Controlled Substances Registration, list the number. ***If the number has changed, please enter the new number.*** If you have questions, call the Massachusetts Drug Control Program at (617) 983-6700. Please list **all** Federal (DEA) registration numbers. ***If your DEA number has changed, please enter the new number.*** If you have questions, call the Drug Enforcement Administration Unit at (800) 882-9539. If you have submitted a Notification of Intent to use Schedule III, IV, or V opioid drugs for the maintenance and detoxification of opiate addiction, under the Drug Addiction Treatment Act of 2000 and have been assigned a DEA registration number for these purposes, please include this number on your renewal application.

8. **State Licenses:** Please indicate whether you are *currently* licensed in any other state or if you have been licensed in any other states since your last renewal.

9. **Previous State Licenses:** List all states where you were previously licensed.

10. **Work Sites:** List all work sites in Massachusetts, including health care facilities (where you have been credentialed), private offices, clinics, nursing homes, etc. Include any affiliations with Internet-based prescribing services or companies.

For the names of health care facilities, refer to Reference Table 4, page 17. List all your work sites, using an additional sheet of paper if necessary.

11. **Care of Patients in Massachusetts: Residents and Fellows:** Only record time spent rendering inpatient and outpatient care that is not part of your post-graduate training program (e.g. "moonlighting"). If none, record "0." A) *Inpatient* care in Massachusetts: include time spent in the care of inpatients in acute, chronic, rehabilitation and psychiatric hospitals, convalescent homes, penal institutions, nursing homes or other inpatient settings located in Massachusetts. B) *Outpatient* care in Massachusetts: include time spent in Massachusetts in the care of outpatients in offices, freestanding ambulatory care centers and all other outpatient settings.

*Include* time spent in Massachusetts providing direct patient care or service. Include related activities such as telephone and non-telephone consultations, care-related record and/or literature review, record keeping, other office work and travel time related to outpatients. If none, record "0."

*Exclude* hours when you are on call but are not actually providing patient care or services; also exclude any time spent outside of Massachusetts even though it may involve patient care. If none, record "0."

**12. Medical Liability Insurance Information:** If the name of your medical liability insurance carrier has changed or is incorrect, please make the correction in the space provided. You must enter the dates of your medical liability insurance coverage and the policy type which is located on the declaration page or certificate of insurance. You may contact your insurance agent or insurance carrier for additional information.

Indicate whether your medical liability insurance coverage is provided by an insurance carrier or a letter of credit. A letter of credit must be approved by the Board.

Inactive physicians must answer this question if they have applicable "tail" insurance.

If you are registering with Active status but do not have medical liability insurance, you must indicate by checking the box on the renewal application that you are not involved in direct/indirect patient care, that you are a government employee or provide an explanation as to why you are otherwise exempt.

**13. Office Based Surgery:** "Surgery" means those procedures defined in the Massachusetts Medical Society (MMS) Office Based Surgery Guidelines under the following specific definitions: "Surgery;" "Office Based Surgery;" "Major Surgery;" "Minor Surgery;" and "Special Procedure." You must answer "Yes" to this question if you perform any procedures in your office that are described in these definitions. (*MMS Office Based Surgery Guidelines have been endorsed by the Board and are available through the MMS and Board websites: [www.massmed.org](http://www.massmed.org) and [www.massmedboard.org](http://www.massmedboard.org).*) If you answer "Yes" to this question, you must complete Form PCA-O "Office Based Surgery."

**Questions 14-21 refer to the time period beginning on the day you signed your last license renewal with this Board through and including the day you sign this renewal application.**

Each question must be answered either "yes" or "no." These questions refer to the time period from the date you signed your last renewal. You must also complete a separate Form R for each "yes" answer provided. Attach additional sheets if necessary, and photocopy Form R as needed. Please include previously reported information. An answer that simply states, "The Board already has this information" is unacceptable, and your renewal application will be considered incomplete.

**14. Claims Made:** Include cases or claims filed in another state. You must also report any new cases in this time period.

**15. Claims Closed:** You must answer "yes" even if you were named in a case or claim and subsequently dropped from it, or if the case or claim was filed or heard in another state.

**16. Other Lawsuits:** You must report lawsuits filed against you which relate to your competency to practice medicine or your professional conduct in the practice of medicine, even if they do not allege malpractice. Examples include, but are not limited to, lawsuits filed under consumer protection, antitrust, civil rights, fraud, or intentional tort (e.g. libel and interference with contractual relations) laws. You do not have to report lawsuits that arise strictly out of business decisions made in the course of operating your practice.

**If you answered "yes" to any one or more of questions 14-16, please complete Form R according to the following instructions.**

*Basis for Allegation:* Refer to *Reference Table 5, Basis for Allegation, page 18*. Select the allegation(s) that most narrowly describe the claimant's charge(s). (This information may assist the Board in studying trends in medical malpractice.) Only allegations from the Reference Table will be accepted.

Allegations must be as specific as possible. An allegation is not an admission of fault or liability.

Section B:

Each section must be completely and accurately filled out according to the status of the claim being reported. Section A must be filled out for each claim reported, even if the status of the claim is pending. Please read through every line and give an answer to each question that pertains to the claim being reported.

Please remember to sign and date the completed Form R.

**17. Criminal Proceedings:** Being “charged with any criminal offense” includes being arrested, arraigned or indicted, even if the charges against you were subsequently dropped, dismissed, expunged or otherwise discharged.

You must report resolutions of any criminal offenses/charges including convictions for felonies and/or misdemeanors, pleas of “no contest” or nolo contendere, matters that were continued without a finding; matters for which you were placed on pretrial probation; and/or any other dispositions based on a finding of guilty or an admission to sufficient facts for a finding of guilty.

Applications for Issuance of Process include applications pending before a district court clerk magistrate to determine whether there is probable cause to believe you committed a crime and whether process (an arrest warrant or summons) should be issued against you.

If you answered “yes” to question 17, please complete Form R and attach a copy of the police report, indictment or complaint and an up-to-date court docket sheet.

**18. Other Issues**

A confidentiality agreement does not absolve you of your requirement to answer Question 18.

- a) asks if you have withdrawn an application for credentialing, employment or membership from any governmental authority, health care facility, group practice, employer, or professional association for reasons related to your competence to practice medicine.
- b) asks if you have taken a leave of absence from any health care facility, group practice, or employer for reasons related to your competence to practice medicine.
- c) asks if you, as an individual, have been “the subject” of an investigation by any governmental authority, health care facility, group practice, employer, or professional association.
- d) asks if you, as an individual, have been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer, or professional association, as defined herein.

For the purpose of answering Question 18, the terms listed below have the following meanings:

An “investigation” is any inquiry conducted by a private or governmental authority concerning you.

This question **includes, but is not limited to**, investigations, reviews, and inquiries conducted by: hospitals, clinics, nursing homes, health insurers, medical malpractice insurers, professional associations, federal agencies, and state agencies. This question includes investigations, reviews, and inquiries conducted by the Massachusetts Board of Registration in Medicine and its sub-Committees, including the Data Repository Committee and the Complaint Committee.

You do not need to report investigations of an entire facility or department. For example, an annual departmental review of complication rates is not a reportable investigation within the meaning of this question because your activities have not been singled out for review.

A “governmental authority” refers to any federal, state, county, or municipal governmental entity, including but not limited to: any medical licensing board (including Massachusetts), any agency regulating health care quality, any medical assistance authority, any regulatory authority investigating insurance fraud, and any agency that regulates the possession, dispensing, and prescribing of any controlled substances.

A “health care facility” refers to any hospital (including federal, state, county, and municipal hospitals), clinic, prison infirmary, home for unwed mothers, nursing home, or health maintenance organization. For the purpose of this question, a health care facility includes a post-graduate training program.

“Group practice” refers to any association of healthcare professionals organized for the delivery of patient care of which you are a member or partner or by which you are employed or with which you have a contract for professional services, including a partnership or limited liability partnership, limited liability company, professional corporation, or other professional business organization.

“Disciplinary action,” as defined in the Board’s regulations, is an action which adversely affects a licensee. The action can be formal or informal, oral or written, and voluntary or involuntary.

Disciplinary actions that are always reportable to the Board **include, but are not limited to**, the following or their substantial equivalents: revocation of a right or privilege, suspension of a right or privilege, censure, written reprimand or admonition, fines, and required performance of public service.

Disciplinary actions that are sometimes reportable to the Board **include, but are not limited to**, the following or their substantial equivalents: restriction of a right or privilege, non-renewal of a right or privilege, denial of a right or privilege, resignation, leave of absence, withdrawal of an application, and termination or non-renewal of a contract. These actions are reportable to the Board if they arose, directly or indirectly, from the licensee’s competence to practice medicine, or from a complaint or allegation regarding any violation of law, regulation, or bylaw.

For example, non-renewal of a medical license in another state based on the licensee’s cessation of practice there is not a disciplinary action.

For example, a leave of absence taken for family reasons or for illness is not a disciplinary action.

For example, termination or non-renewal of an employment contract due to relocation is not a disciplinary action.

A course of education, training, counseling or monitoring is reportable to the Board as a disciplinary action only if it arose out of the filing of a complaint or other formal charges reflecting on the licensee’s competence to practice.

**If you answer “Yes” to any part of question 18, you must also complete Form R.** At a later date, you will be asked to submit copies of supporting documentation.

**19. Restriction of Controlled Substances Privileges:** You do not need to answer “Yes” if you permitted your state and/or federal license(s) to expire solely because you decided to retire and your decision to retire was entirely unrelated to allegations of wrongful or otherwise irregular prescription practices.

**If you answered “yes” to question 19, please complete Form R.** At a later date, you will be asked to submit a copy of any written notice informing you of the pending or final action.

**20. Medical License Application Withdrawn or Denial of Medical License:** A medical license includes a full, limited, temporary or any other type of medical license. If you previously held a full license in a state and

allowed that license to lapse, you should respond affirmatively to this question and provide the Board with the appropriate information on Form R.

**21. Medical Liability Insurance Actions:** You must answer “yes” if your medical liability insurance carrier has taken any of the listed actions against your policy, or if you have voluntarily taken such an action in response to any inquiry or suggestion by your carrier. You must report if your medical liability insurance carrier has placed any conditions on your coverage which are related to professional competency or conduct, including any requirement of monitoring, consultation, overheads, audits or other review. You must also report requirements of remediation, retraining, continuing education, or other course work or required attendance at educational or informational sessions.

**If you answered “yes” to question 21, please complete Form R.** At a later date, you may be asked to submit a copy of the notice to you of the action taken and supporting documentation indicating the reason(s) for the action.

**22. Continuing Medical Education (CME) Requirements:** You may visit the Board’s website at [www.massmedboard.org](http://www.massmedboard.org) for additional information on CME requirements. The Board relies on definitions of CME categories established by the AMA. Contact the Massachusetts Medical Society’s Department of Medical Education Services at (800) 322-2303, ext. 7306 regarding the availability of CME programs or visit their website at [www.massmed.org](http://www.massmed.org). Please note that, although the Board does not require you to provide evidence of your CME’s, you must maintain your own record in the event you are audited.

The Board requires that a licensee complete 100 hours of CME within the immediately preceding two years, of which ten hours must be in the area of risk management. The majority of your CME must relate to your primary area(s) of practice.

Documentation of CME: Do not submit documentation of CME credits with your renewal form. Do keep your own records, as the Board requires you to be able to document CME credits. You must maintain documentation for one full license renewal cycle after the credits were earned.

Category 1: You must complete at least 40 hours in the American Medical Association (AMA) Physician Recognition Award (PRA), Category 1.

Category 2: You may obtain credit for no more than 60 hours in Category 2.

Board Regulations: You are expected to be aware of the contents of the Board’s regulations. The Board requires that you spend two hours reading the Board’s regulations or studying the Board’s policies or official publications of the Board. The Board’s regulations are available at the Board’s website at [www.massmedboard.org](http://www.massmedboard.org). or you may call the State Bookstore at (617) 727-2834 or access its website at [www.state.ma.us/sec/spr/spridx.htm](http://www.state.ma.us/sec/spr/spridx.htm).

Risk Management: You must accrue ten credits of risk management study. Four credits must be in Category 1. The additional six credits may be in either Category 1 or Category 2.

Risk management study must include instruction in medical malpractice prevention, and may include courses in medical ethics, quality assurance, medical-legal issues, patient relations, non-economic aspects of practice management, or courses designed to reduce the likelihood of medical malpractice through means other than increasing the licensee’s medical education and technical competence. Please review the CME Booklet at the Board’s website at [www.massmedboard.org](http://www.massmedboard.org)., select Information for Physicians and CME Booklet.

Board Certification or Recertification: Becoming certified or recertified by a specialty board accredited by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) will be deemed the equivalent of 25 credits in Category 1. A licensee will still be required to obtain four credits in

Category 1 risk management. These credits will apply to the license renewal cycle in which the licensee receives notification from the specialty board that he has passed the exam for 25 credits in Category 1.

Medically Related Degrees. Earning an advanced degree in an area related to medicine, such as a master's degree in public health, earns 25 Category 1 credits following award of the degree.

Volunteers for the Board: Each hour of volunteer work performed for the Board of Registration in Medicine up to a maximum of 20 hours for each two-year renewal cycle, will be deemed the equivalent of one hour of Category 1 CME credit. A licensee may apply four of these credits to fulfill his Category 1 risk management requirement. The licensee must obtain a certification of such service signed by the Executive Director as documentation of this credit.

Example: If you volunteer at the Board of Registration in Medicine for 18 hours over a two-year period, you are eligible for 18 Category 1 credits. If you wish, you may apply four of these 18 towards your risk management Category 1 requirement and the other 14 towards your general Category 1 requirement. You will then have to obtain the remaining 22 Category 1 credits in the usual manner in order to fulfill the requirement.

Medical Examiners: In recognition of the importance of the public service rendered by the Medical Examiner's Office, and in support of the needs of a sister state agency, the Board will give credit to active medical examiners in the amount of four hours of required Category 1 risk management CME. Upon submission of documentation of active service as a medical examiner or of attendance at appropriate professional society meetings, the Board will give credit to active medical examiners in the amount of four hours of required Category 1 risk management CME. Documentation must be submitted to and approved by the Licensing Committee.

**Waiver of CME requirements:** You may apply to the Board for a CME waiver if you cannot complete your CME requirement by the date of your renewal. A CME waiver allows additional time to complete the CME requirements; it does not excuse the requirement. Submit your CME waiver request form with your completed renewal form. You may download the CME Waiver Request form from the Board's website. It must be submitted no later than 30 days prior to your renewal date. The waiver request must be granted before your license will be renewed. The request must contain the following information in a written statement signed under the penalties of perjury:

- (a) An explanation of your failure to complete the requirement.
- (b) A list of the CME hours you believe you have completed.
- (c) Your plan for satisfying the Board's CME requirement.

Grounds for Granting a CME Waiver: The Board, in its discretion, will grant a waiver of a CME requirement. The grounds include:

- (a) Prolonged illness of a licensee.
- (b) Inaccessibility or unavailability of CME activities.

**Exemption from CME Requirements:** You do not need to fulfill CME requirements under the following circumstances:

Inactive Status: If you have placed your license on inactive status, you are exempt from the CME requirement.

Residency/Fellowship: If you are enrolled in an ACGME-approved residency program or fellowship within the year prior to the renewal date, or if you are in the first or second year of a non-ACGME approved fellowship, you are exempt from the CME requirements.

**Calculating credits:** If you are completing an ACGME-approved residency or fellowship program, you should start earning credits beginning with the first full (i.e., two-year) license renewal cycle after your program has ended.

For example, if your residency program ended on July 1, 2007, and you next renew your license on April 30, 2008, you should begin to earn credits as of April 30, 2008, and fulfill the basic biennial CME requirement during the period that begins on April 30, 2008 and ends on April 30, 2010. You need not earn any CME credits during the period from July 1, 2007 to April 30, 2008.

If you are a newly licensed or newly active physician, and your license has been renewed in one year or less from the date of original licensure or activation of license, you need not earn any CME credits during that abbreviated cycle. If your renewal cycle is longer than one year but shorter than two years, you must meet one-half of the basic biennial CME requirement. For example, if you first obtained a full license in January, 2008, and your renewal occurs in March, 2009, you must earn one-half of the usual number of credits: 20 Category 1 credits, at least two in risk management, and 30 Category 2 credits, at least three in risk management. In addition, one of these hours must consist of studying the Board's regulations, and at least 26 of them must be in your primary area(s) of practice.

## **PART B**

Questions 23 and 24 refer to the time period from the date you signed your last renewal through and including the date that you sign this renewal application. In its capacity as a licensing agency, the Board asks questions that may constitute prohibited pre-employment inquiries into disability, under the Americans with Disabilities Act (ADA), if asked by an employer prior to an offer of employment. These questions must be answered or your application will not be considered complete. This portion of the application is not a public record, and is held as confidential information unless you expressly authorize the Board to release it to a particular party. Under the law, the Board may also share the information with legally designated agencies, such as other state licensing boards and law enforcement agencies. Designated agencies are required to maintain the confidentiality of this information consistent with the law.

**23. Medical Condition:** "Medical condition" includes physiological and psychological conditions or disorders including, but not limited to orthopedic, sensory, cognitive, neuromuscular, neurological, psychiatric, infectious, cardiovascular and metabolic conditions and disorders. "Medical condition" includes learning disabilities and chemical dependency.

"Ability to practice medicine" includes the following:

- The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, and to learn and keep abreast of medical developments;
- the ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices such as voice amplifiers; and
- the physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices.

**If you answered "Yes" to question 23, please provide details in the space following the question on Part B.** Describe the medical condition, setting forth the specifics of your condition and any related treatment, including dates, diagnoses, and the name and address of any treating physician, mental health provider, or other health care professional. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your medical condition on your practice, including a change of specialty or field of practice, or participation in any supervised rehabilitation program, professional assistance or retraining program or monitoring program. At a later date, you may be asked to submit a medical report from your physician regarding your condition and documentation of compliance with

any monitoring program, such as Physician Health Services, Inc., a Massachusetts Medical Society corporation.

**24. Use of Chemical Substances:** "Chemical substances" includes alcohol, drugs or medications, including those drugs or medications (controlled substances) taken pursuant to a valid prescription for a legitimate medical purpose and in accordance with this direction, as well as those used illegally. Illegal use of controlled substances includes the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of substances in an illegal manner (e.g., use of prescription drugs which are obtained without a valid prescription or not taken in accordance with the directions of a licensed health care practitioner).

**If you answered "Yes" to question 24, please provide details in the space following the question on Part B.** If you have obtained medical treatment related to your use of chemical substances, set forth the specifics of your treatment, including dates, diagnoses, the name and address of any treatment facility (inpatient or outpatient) and the name and address of any treating physician, psychiatrist, mental health or drug counselor, or other health care professional. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your use of chemical substances on your practice, including participation in any supervised rehabilitation program, professional assistance program, or monitoring program. At a later date, you may be asked to submit a medical report from your treating physician regarding your condition and documentation of compliance with any monitoring program, such as Physician Health Services, Inc., to ensure successful rehabilitation.

You have a right to elect not to answer the above question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment privilege, you must do so in writing. Your renewal application will be processed if you claim the privilege.

#### **NOTE TO THE CHEMICALLY DEPENDENT PHYSICIAN**

If you are chemically dependent, the Board encourages you to seek assistance voluntarily. When the Board receives notice of impairment or dependency, its policy is to protect the public and also to ensure rehabilitation through the physician's participation in approved treatment programs and supervised, structured aftercare. To ensure successful rehabilitation, the Board's Chemically Dependent Physician Policy relies on cooperation between the Board and groups like Physician Health Services, Inc.

**Signature: You must sign your renewal form. You will be certifying under the penalties of perjury the truth of the information provided on the Renewal Application, Parts A, B, C, Form R, PCA-O and any attachments. Providing false or inaccurate information could result in severe consequences, including revocation of your license or other disciplinary action by the Board, and/or criminal prosecution for perjury.**

## **PART C**

### **PHYSICIAN PROFILE**

You must review your Physician Profile on the Board's website and confirm that the information is accurate. The Board's Profile website address is <http://profiles.massmedboard.org>. In a web browser (e.g., Internet Explorer) do not use "www" before the address. Please check the appropriate box on the renewal application to confirm that you have reviewed your Physician Profile and/or if you are attaching a copy of the corrected Profile with your renewal application. If your status is Inactive, you will not have a Profile.

## CERTIFICATIONS

Please review the Massachusetts General Laws website. The full text of the Massachusetts statutes cited herein is available at [www.mass.gov/legis/laws/mgl](http://www.mass.gov/legis/laws/mgl).

**1) Reporting Child Abuse:** Pursuant to G.L. c. 119, Section 51A, physicians are obligated to report the abuse or neglect of children. If, in your professional capacity, you determine that a child is physically dependent upon an addictive drug at birth or you have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from:

1. Abuse, including sexual abuse, or
2. Neglect, including malnutrition,

you must immediately make an oral report of such condition to the Department of Social Services. You must submit a written report within 48 hours of the oral communication. If you are a member of a medical or other public or private institution, school or facility, the report may be made either to the institution or facility, or directly to the Department of Social Services. If you have a reasonable cause to believe that the abuse or neglect described above has resulted in death, that death must be reported immediately to the district attorney of the county where the death occurred and to the medical examiner. Failure to make any of these reports is punishable by a fine of up to \$1,000.

**2) Reporting Disabled Persons Abuse:** Pursuant to G.L. c. 19C, Section 10, physicians are obligated to report the abuse or neglect of disabled persons. A disabled person is a person between the ages of eighteen and fifty-nine, inclusive, who is mentally retarded, or who is otherwise mentally or physically disabled and as a result of such mental or physical disability is wholly or partially dependent on others to meet his daily living needs. (An individual sixty years of age or over is an elderly person – please refer to the section regarding the reporting of elder abuse.)

If, in your professional capacity, you have reasonable cause to believe that a disabled person is suffering serious physical or emotional injury as a result of an act or omission, you must immediately make a verbal report of such information or cause a report to be made to the Disabled Persons Protection Commission and must file a written report within forty-eight hours after such oral report. If you have a reasonable cause to believe that the abuse or neglect described above has resulted in death, you must immediately report such death, in writing, to the Disabled Persons Protection Commission, to the district attorney for the county in which such death occurred, and to the medical examiner. Failure to make any of these reports is punishable by a fine of up to \$1,000.

**3) Reporting Elder Abuse:** Pursuant to G.L. c. 19A, Section 15, physicians are obligated to report the abuse, neglect or financial exploitation of elderly persons. If, in your professional capacity, you have reasonable cause to believe that a person sixty years of age or over is suffering serious physical or emotional injury as a result of an act or omission, or financial exploitation as a result of an act or omission by another person which causes a substantial monetary or property loss to the elderly person and a substantial monetary or property gain to the other person, you must immediately make a verbal report of such information or cause a report to be made to the Department of Elder Affairs and must, within forty-eight hours, make a written report to the Department of Elder Affairs. If you have a reasonable cause to believe that the abuse or neglect described above has resulted in death, that death must be reported to the Department of Elder Affairs. Failure to make any of these reports is punishable by a fine of up to \$100.

**4) Reporting of Treatment of Wounds, Burns and Other Injuries:** Pursuant to G.L. c. 112, Section 12A, a physician attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury

arising from or caused by the discharge of a gun, pistol, BB gun or other air rifle or firearm, or examining or treating a person with a burn injury affecting five percent or more of the surface area of his body, or, whenever any such case is treated in a hospital or other institution, the manager or other person in charge, shall report such case at once to the colonel of the state police and to the police of the town where such physician, hospital or institution is located. In the case of burn injuries, notification shall be made at once to the state fire marshal and to the police of the town where the burn injury occurred. In addition, every physician attending or treating a case of wound or injury caused by a knife or sharp or pointed instrument shall, if in his opinion a criminal act was involved, report such case forthwith to the police authorities of the town in which he attended or treated such wound or injury. Failure to make any of these reports is punishable by a fine up to \$100.

**5) Reporting of Treatment of Victims of Rape or Sexual Assault:** Pursuant to G.L. c. 112, Section 12A 1/2, a physician attending, treating or examining a victim of rape or sexual assault, or whenever any such case is treated in a hospital or other institution, the manager or other person in charge, shall report such case at once to the criminal history systems board and to the police of the town where the rape or sexual assault occurred but shall not include the victim's name, address or any other identifying information. The report shall describe the general area where the attack occurred. Failure to make this report is punishable by a fine of up to \$100.

**6) Board Reporting Requirements:** Pursuant to G.L. c. 112, Section 5F, you are required to report to the Board when you have a reasonable basis to believe a physician has violated the provisions of G.L. c. 112, Section 5 or any Board regulations, except as otherwise prohibited by law.

**7) Medicare Balance Billing Statement:** Pursuant to G.L. c. 112, Section 2, physicians are prohibited from charging to or collecting from a Medicare beneficiary any amount in excess of the fee schedule amount allowed by Medicare. This ban on balance billing applies to all physicians in the state who treat Medicare patients. The law does not mandate participation in the Medicare program. If a physician treats Medicare patients, he or she must comply with the law.

**8) Massachusetts Tax Reporting and Payment:** Pursuant to G.L. c. 62C, Section 49A, you must certify under penalties of perjury that you have complied with all laws of the Commonwealth related to taxes, reporting of employees and contractors, and withholding and remitting of child support.

If you have not filed or paid your state taxes, and have not filed an application for an extension of time to file, or a good faith application for an abatement of your taxes, and do not have a petition pending before the Appellate Tax Board contesting the tax, you cannot sign this certification. If you sign but have not filed or paid your state taxes, or applied for an extension of time to file, and have not filed for abatement and have not petitioned to contest the tax, the Board will be notified and will institute proceedings to suspend or revoke your license to practice medicine.

**9) Reporting of Employees and Contractors:** You are required to file tax returns and pay any tax required under G.L. Chapter 62E, relating to the reporting of employees and contractors.

If you have not filed or paid your withholding taxes, and have not filed an application for an abatement or have a petition pending before the Appellate Tax Board contesting the tax, you cannot sign this certification.

**10) Withholding and Remitting Child Support:** You are required to comply with the provisions of G.L.c. 119A relating to the withholding and remitting of child support payments.

If you have not filed or paid your child support, or you have failed to have child support withheld from your wages when required by law, you cannot sign this certification.

**11) Patient Care Assessment:** Pursuant to G.L. c. 112, Section 5, and the Board's regulations at 243 CMR 3.00, you are required to participate in Qualified Patient Care Assessment (PCA) programs established at the health care facilities where you practice. (For the definition of a Qualified PCA program, see 243 CMR 3.02 and 3.03.) The regulations require health care facilities, as part of their PCA program, to report "Major Incidents" to the Board, (243 CMR 3.08). There are also PCA regulations that apply to your office setting

and require you to submit "Incident Reports" to the Board under certain circumstances, e.g., certain unplanned transfers from your office and certain unexpected deaths, or major or permanent bodily impairments, (243 CMR 3.11).

**12) Disclosure of Ownership Interest in Physical Therapy Services:** Pursuant to G.L. c. 112, Section 12AA, a physician who refers a patient for physical therapy services to any partnership, corporation, firm or other legal entity in which the physician has a financial ownership interest shall disclose such interest to the Board. Such disclosure shall contain the names and ownership interests of all other parties owning an interest in such physical therapy services. In addition, a physician shall also disclose such ownership interest to the patient and shall inform the patient that such services may be available from other physical therapy services in the patient's community.

**Signature: You must sign your renewal application. You will be certifying, under the penalties of perjury, the truth of the information provided on the renewal application, Parts A, B, C, Form R, PCA-O form and any attachments. Providing false or inaccurate information could result in severe consequences, including revocation of your license or other disciplinary action by the Board, and/or criminal prosecution for perjury.**

**PLEASE REMEMBER:** Whenever you change your address, the Board's regulations require that you notify the Board within 30 days.

**Make a copy of your renewal application and all attachments for your records—you will need copies for credentialing and for other purposes. The Board will charge a fee for each copy it provides and this may take up to 6 weeks.**

## **REFERENCE TABLES**

**TABLE 1: PRACTICE SPECIALTY**

Acupuncture  
Addiction Medicine  
Addiction Psychiatry  
Adolescent Medicine  
Adolescent Psychiatry  
Aerospace Medicine  
Allergy  
Allergy and Immunology  
Anesthesiology  
Cardiology Interventional  
Cardiovascular Diseases  
Child/Adolescent Psychiatry  
Cosmetic Surgery  
Critical Care Medicine  
Cytopathology  
Dermatology  
Dermatopathology  
Diabetes  
Diagnostic Laboratory Immunology  
Electrophysiology Pacing  
Emergency Medicine  
EMG/Neuromuscular Disease  
Endocrinology  
Endocrinology, Reproductive  
Facial Plastic Surgery, Otolaryngology  
Family Medicine  
Forensic Medicine  
Forensic Psychiatry  
Gastroenterology  
General Practice  
General Preventive Medicine  
Genetics  
Geriatric Psychiatry  
Geriatrics  
Gynecology (no obstetrics)  
Gynecology, Oncology  
Hematology  
Hematology/Oncology  
Hepatology  
Hospitalist  
Immunology  
Immunopathology  
Infectious Diseases  
Internal Medicine  
Legal Medicine  
Maternal & Fetal Medicine  
Medical Microbiology  
Medicine/Pediatrics  
Movement Disorders  
Neonatal-Perinatal Medicine  
Neoplastic Diseases  
Nephrology  
Neurology  
Neurology, Behavioral  
Neurology, Child  
Neurology/Psychiatry  
Neuropathology  
Neurophysiology, clinical  
Neuroradiology  
Nuclear Medicine

Nuclear Radiology  
Nutrition  
Obstetrics & Gynecology  
Obstetrics (no gynecology)  
Occupational Medicine  
Oncology, Medical  
Ophthalmology  
Orthopedics, (no surgery)  
Otolaryngology  
Otology/Neurotology  
Otorhinolaryngology  
Otorhinolaryngology/Otolaryngology  
Pain Management  
Palliative Medicine  
Pathology  
Pathology, Anatomic  
Pathology, Blood Banking  
Pathology, Chemical  
Pathology, Clinical  
Pathology, Forensic  
Pathology, Radioisotopic  
Pediatric Critical Care Medicine  
Pediatric Emergency Medicine  
Pediatric Gastroenterology  
Pediatric Infectious Disease  
Pediatric Neurology  
Pediatric Otolaryngology  
Pediatric Pathology  
Pediatric Pulmonology  
Pediatric Sports Medicine  
Pediatric, Allergy  
Pediatric, Cardiology  
Pediatric, Endocrinology  
Pediatric, Hematology-Oncology  
Pediatric, Nephrology  
Pediatric, Rheumatology  
Pediatrics  
Pharmacology Clinical  
Physiatry  
Physical Medicine & Rehabilitation  
Preventive Medicine  
Psychiatry  
Psychiatry, Child PPCP Pediatrics/  
Psychiatry/Child Psychiatry  
Psychoanalysis  
Psychosomatic Medicine  
Public Health  
Pulmonary Critical Care  
Pulmonary Diseases  
Radiation Oncology  
Radiology  
Radiology Pediatric  
Radiology, Diagnostic  
Radiology, Therapeutic  
Rheumatology  
Sports Medicine  
Sleep Movement  
Stem Cell Transplant  
Surgery, Abdominal  
Surgery, Cardiothoracic  
Surgery, Cardiovascular  
Surgery, Colon & Rectal  
Surgery, Critical Care

Surgery, General  
Surgery, Hand  
Surgery, Head & Neck  
Surgery, Neurological  
Surgery, Oncology  
Surgery, Orthopedic  
Surgery, Pediatric  
Surgery, Plastic  
Surgery, Thoracic  
Surgery, Trauma  
Surgery, Urological  
Surgery, Vascular  
Undersea Medicine  
Unspecified Specialty  
Urology (no surgery)  
Vascular /Interventional Radiology

**TABLE 2: AMERICAN BOARD OF MEDICAL SPECIALITIES (ABMS)**

**Board of Allergy & Immunology**  
Allergy & Immunology  
Clinical & Laboratory Immunology

**Board of Anesthesiology**  
Anesthesiology  
Critical Care Medicine  
Pain Medicine

**Board of Colon & Rectal Surgery**  
Colon & Rectal Surgery

**Board of Dermatology**  
Clinical & Laboratory Dermatological  
Immunology  
Dermatology  
Dermatopathology  
Pediatric Dermatology

**Board of Emergency Medicine**  
Emergency Medicine  
Medical Toxicology  
Pediatric Emergency Medicine  
Sports Medicine  
Undersea & Hyperbaric Medicine

**Board of Family Medicine**  
Adolescent Medicine  
Family Practice  
Geriatric Medicine  
Sports Medicine

**Board of Internal Medicine**  
Adolescent Medicine  
Cardiovascular Disease  
Clinical & Laboratory Immunology  
Clinical Cardiac Electrophysiology  
Critical Care Medicine  
Endocrinology, Diabetes & Metabolism  
Gastroenterology  
Geriatric Medicine  
Hematology  
Infectious Disease  
Internal Medicine

Interventional Cardiology  
Medical Oncology  
Nephrology  
Pulmonary Disease  
Rheumatology  
Sports Medicine

**Board of Medical Genetics**

Clinical Biochemical Genetics  
Clinical Cytogenetics  
Clinical Genetics (M.D.)  
Clinical Molecular Genetics  
Molecular Genetic Pathology  
Ph.D. Medical Genetics

**Board of Neurological Surgery**

Neurological Surgery

**TABLE 2: AMERICAN BOARD OF  
MEDICAL SPECIALTIES (ABMS)**

**Continued:**

**Board of Nuclear Medicine**

Nuclear Medicine

**Board of Obstetrics & Gynecology**

Critical Care Medicine  
Gynecologic Oncology  
Maternal & Fetal Medicine  
Obstetrics & Gynecology  
Reproductive Endocrinology

**Board of Ophthalmology**

Ophthalmology

**Board of Orthopaedic Surgery**

Orthopaedic Surgery  
Orthopaedic Sports Medicine  
Surgery of the Hand

**Board of Otolaryngology**

Otolaryngology  
Neurotology  
Pediatric Otolaryngology  
Plastic Surgery within the Head  
and Neck

**Board of Pathology**

Anatomic Pathology & Clinical  
Pathology  
Anatomic Pathology  
Blood Banking/Transfusion Medicine  
Chemical Pathology  
Clinical Pathology  
Cytopathology  
Dermatopathology  
Forensic Pathology  
Hematology  
Medical Microbiology  
Molecular Genetic Pathology  
Neuropathology  
Pediatric Pathology

**Board of Pediatrics**

Adolescent Medicine  
Clinical & Laboratory Immunology  
Medical Toxicology  
Neonatal-Perinatal Medicine  
Pediatric Cardiology  
Pediatric Critical Care Medicine  
Developmental-Behavioral Pediatrics  
Pediatric Emergency Medicine  
Pediatric Endocrinology

Pediatric Gastroenterology  
Pediatric Hematology-Oncology  
Pediatric Infectious Diseases  
Pediatric Nephrology  
Neurodevelopmental Disabilities  
Pediatric Pulmonology  
Pediatric Rheumatology  
Sports Medicine  
Pediatrics

**Board of Physical Medicine &  
Rehabilitation**

Pain Medicine  
Pediatric Rehabilitation Medicine  
Physical Medicine & Rehabilitation  
Spinal Cord Injury Medicine

**Board of Plastic Surgery**

Plastic Surgery  
Plastic Surgery within the Head & Neck  
Surgery of the Hand

**Board of Preventive Medicine**

Aerospace Medicine  
Medical Toxicology  
Occupational Medicine  
Public Health & General Preventive  
Medicine  
Undersea & Hyperbaric Medicine

**Board of Psychiatry & Neurology**

Addiction Psychiatry  
Child and Adolescent Psychiatry  
Clinical Neurophysiology  
Forensic Psychiatry  
Geriatric Psychiatry  
Neurology  
Neurodevelopmental Disabilities  
Neurology with Special Qualifications  
in Child Neurology  
Pain Medicine  
Psychiatry  
Psychosomatic Medicine  
Vascular Neurology

**Board of Radiology**

Diagnostic Radiology  
Neuroradiology  
Nuclear Radiology  
Pediatric Radiology  
Radiation Oncology  
Radiological Physics  
Vascular and Interventional Radiology

**Board of Surgery**

Pediatric Surgery  
Surgery  
Surgery of the Hand  
Surgical Critical Care  
Vascular Surgery

**Board of Thoracic Surgery**

Thoracic Surgery

**Board of Urology**

Urology

**TABLE 3: AMERICAN OSTEO-  
PATHIC ASSOCIATION (AOA)  
BOARDS**

**Board of Anesthesiology**

Addiction Medicine  
Anesthesiology  
Critical Care Medicine  
Pain Management

**Board of Dermatology**

Dermatology  
Dermatopathology  
MOHS-Micrographic Surgery

**Board of Emergency Medicine**

Emergency Medical Services  
Emergency Medicine  
Sports Medicine  
Medical Toxicology

**Board of Family Physicians**

Addiction Medicine  
Adolescent/Young Adult Medicine  
Family Practice (and OMT)  
Geriatric Medicine  
Sports Medicine

**Board of Internal Medicine**

Addiction Medicine  
Allergy/Immunology  
Cardiology  
Clinical Cardiac Electrophysiology  
Critical Care Medicine  
Endocrinology  
Gastroenterology  
Geriatric Medicine  
Hematology  
Hematology/Oncology  
Infectious Disease  
Internal Medicine  
Interventional Cardiology  
Nephrology  
Oncology  
Pulmonary Diseases  
Rheumatology  
Sports Medicine

**Board of Neurology & Psychiatry**

Addiction Medicine  
Child/Adolescent Neurology  
Child/Adolescent Psychiatry  
Neurology  
Neurology/Psychiatry  
Neurophysiology  
Psychiatry  
Sports Medicine

**Board of Neuromusculoskeletal  
Medicine**

Neuromusculoskeletal Medicine &  
OMM  
Special Proficiency in  
Neuromusculoskeletal Medicine  
Sports Medicine

**Board of Nuclear Medicine**

In Vivo and In Vitro Nuclear Med  
Nuclear Cardiology  
Nuclear Imaging and Therapy  
Nuclear Medicine

**Board of Obstetrics & Gynecology**

Gynecologic Oncology  
Maternal and Fetal Medicine

Obstetrics & Gynecologic Surgery  
Obstetrics and Gynecology  
Reproductive Endocrinology

**Board of Ophthalmology & Otolaryngology**

Facial Plastic Surgery  
Ophthalmology  
Otolaryngic Allergy  
Otolaryngology  
Otolaryngology/Facial Plastic Surgery

**TABLE 3: AMERICAN OSTEO-PATHIC ASSOCIATION (AOA)**

**Board of Orthopedic Surgery**

Hand Surgery  
Orthopedic Surgery

**TABLE 3: AMERICAN OSTEO-PATHIC BOARDS, CONT.**

**Board of Pathology**

Anatomic Pathology and Laboratory Medicine  
Blood Banking/Transfusion Medicine  
Chemical Pathology  
Cytopathology  
Dermatopathology  
Forensic Pathology  
Hematology-Pathology  
Immunopathology  
Laboratory Medicine  
Anatomic Pathology  
Medical Microbiology  
Neuropathology

**Board of Pediatrics**

Adolescent & Young Adult Medicine  
Neonatology  
Pediatric Allergy/Immunology  
Pediatric Cardiology  
Pediatric Endocrinology  
Pediatric Hematology/Oncology  
Pediatric Infectious Diseases  
Pediatric Intensive Care  
Pediatric Nephrology  
Pediatric Pulmonology  
Pediatrics  
Sports Medicine

**Board of Physical Medicine & Rehabilitation**

Physical Medicine and Rehabilitation  
Sports Medicine

**Board of Preventive Medicine**

Occupational Medicine  
Preventive Medicine/Aerospace Medicine  
Preventive Medicine/Occupational -Environmental Medicine  
Preventive Medicine/Occupational  
Preventive Medicine/Public Health  
Sports Medicine

**Board of Proctology**

Proctology

**Board of Radiology**

Angiography & Interventional

Radiology  
Body Imaging  
Diagnostic Radiology  
Diagnostic Roentgenology  
Diagnostic Ultrasound  
Neuroradiology  
Nuclear Radiology  
Pediatric Radiology  
Radiation Oncology  
Radiation Therapy  
Radiology  
Roentgenology

**Board of Surgery**

General Vascular Surgery  
Neurological Surgery  
Plastic and Reconstructive Surgery  
Surgery (general)  
Surgical Critical Care  
Thoracic Cardiovascular Surgery  
Urological Surgery

**TABLE 4: HEALTH CARE FACILITIES**

AdCare Hospital of Worcester  
Addison Gilbert (A Campus of Northeast Hospitals)  
Anna Jaques Hospital  
Arbour Hospital (The)  
Arbour-HRI Hospital  
Athol Memorial Hospital  
Austen Riggs Center, Inc.  
Baldpate Hospital  
Baystate Mary Lane Hospital  
Baystate Medical Center  
Berkshire Health Systems  
Beth Israel Deaconess Medical Center  
Beverly Hospital (A Campus of Northeast Hospitals)  
Boston Medical Center  
Bournewood Hospital  
Braintree Hospital  
Bridgewater State Hospital  
Brigham & Women's Hospital  
Brockton Hospital, Inc.  
Cambridge Health Alliance  
Cambridge Public Health Commission  
Cape Cod Health Systems  
Caritas Norwood Hospital  
Caritas St. Elizabeth's Medical Center  
Caritas Southwood Hospital  
Caritas Good Samaritan Med. Center  
Carney Hospital (The)  
Central N.E. Health Alliance Hospital  
Charles River Hospital  
Children's Hospital  
Choate Health System (Caulfield Center)  
Cooley Dickinson Hospital (The)  
Dana Farber Cancer Institute  
Deaconess-Glover Hospital  
Deaconess-Nashoba Hospital  
Deaconess-Waltham Hospital  
Dr. John C. Corrigan Mental Health Center  
East Bay Surgery Center  
Edith Nourse Rogers Mem. VA Hospital  
Emerson Hospital  
Erich Lindemann Mental Health Center  
Fairlawn Rehabilitation Hospital, Inc.  
Fairview Hospital

Falmouth Hospital  
Faulkner Hospital  
Franciscan Hospital for Children  
Franklin Medical Center  
Fuller Memorial Hospital  
Hallmark Health System Lawrence Memorial Hospital  
Hallmark Health System -Malden Hospital  
Hallmark Health System - Melose - Wakefield Hospital  
Hallmark Health System - Whidden Memorial Hospital  
Harrington Memorial Hospital  
Harvard University Health Services  
HEALTHSOUTH Braintree Rehab Hospital  
HEALTHSOUTH New England Rehab Hospital  
HEALTHSOUTH Rehab Hosp of Western Mass  
Hebrew Rehabilitation Center For Aged  
Heywood Memorial Hospital  
Hillcrest Hospital  
Holy Family Hospital & Medical Center  
Holyoke Medical Center  
Hubbard Regional Hospital  
Jewish Memorial Hospital  
Jordan Hospital, Inc.  
Kindred Hospital - Boston  
Kindred Hospital - Boston North Shore  
L. F. Quigley Memorial Hospital  
Lahey Clinic  
Lawrence General Hospital  
Lemuel Shattuck Hospital  
Lowell General Hospital  
M.I.T. Medical Department  
Marlborough Hospital (UMass Memorial)  
Martha's Vineyard Hospital  
Massachusetts Corrections Institute Hospital  
Massachusetts Eye & Ear Infirmary  
Massachusetts General Hospital  
Massachusetts Hosp. School  
Massachusetts Mental Health Center  
McLean Hospital  
Mediplex Rehab Hospital  
Mercy Medical Center  
Merrimack Valley Hospital  
MetroWest Medical Center  
Milford-Whitinsville Regional Hospital  
Milton Hospital  
Morton Hospital & Medical Center  
Mount Auburn Hospital  
Nantucket Cottage Hospital  
Nashoba Valley Medical Center  
New England Baptist Hospital  
New Rehabilitation Hospital  
New England Sinai Hosp. & Rehab Center  
Newton-Wellesley Hospital  
Noble Hospital  
North Adams Regional Hospital  
North Shore Medical Center- Salem Hospital  
North Shore Children's Hospital (North Shore Medical Center)  
Northeast Hospital Corporation  
Olympus Specialty Hospital (Braintree)  
Parkwood Hospital  
Parkview Specialty Hospital

Pembroke Hospital AMI  
 Pocasset Mental Health Center  
 Providence Behavioral Health System  
 Quincy Medical Center  
 Quincy Mental Health Center  
 Quigley (Lawrence) Memorial Hospital  
 Rehab Hospital of the Cape & Islands  
 Saints Memorial Medical Center  
 Saint Vincent Hospital at Worcester Medical Center  
 Salem Hospital (North Shore Medical Center )  
 Shaughnessy-Kaplan Rehabilitation Hospital  
 Shriners Hospital-Burns Institute (Boston)  
 Shriners Hospital for Crippled Children  
 Soldiers' Home in Holyoke  
 Solomon Mental Health Center  
 Somerville Hospital  
 Sterling Medical Center  
 South Shore Hospital  
 Southcoast Hospitals Group-Charlton Site  
 Southcoast Hospitals Group-St. Luke's Site  
 Southcoast Hospitals Grp-Tobey Hosp Site  
 Spaulding Rehabilitation Hospital  
 St. Anne's Hospital  
 Stillman Infirmary, Harvard U Health Services  
 Sturdy Memorial Hospital, Inc.  
 Taunton State Hospital  
 Tewksbury Hospital  
 Tufts New England Medical Center  
 UMass Health System/Clinton Hospital  
 UMass Health System/Marlborough Hospital  
 UMass Memorial Medical Ctr.  
 Union Hospital  
 VA Hospital-Bedford  
 VA Hospital-Brockton  
 VA Hospital-Jamaica Plain  
 VA Hospital-Northampton  
 VA Hospital-West Roxbury  
 VA Medical Center (Leeds)  
 Weldon Rehabilitation Hospital  
 Westborough State Hospital  
 Western Mass. Hospital  
 Westwood Lodge Hospital AMI  
 Whidden Memorial Hospital  
 Whittier Rehabilitation Hosp./Haverhill  
 Whittier Rehabilitation Hosp./Westboro  
 Winchester Hospital  
 Wing Memorial Hospital & Medical Center  
 Worcester State Hospital  
 Youville Hospital & Rehab Center

Other Facilities  
 Clinic  
 Infirmary  
 Magnetic Resonance Imaging Center  
 Mental Health Clinic  
 Nursing Home  
 Out-of-State Hospital

ABUSE OF (PATIENTS, EMPLOYEE(S)/PEER(S)  
*Abuse of Employee(s) /Peer(s) - Physical*  
*Abuse of Patient(s) - Physical*  
 Sexual misconduct  
 Sexual misconduct - Verbal

ADMINISTRATIVE PROBLEMS  
 Academic research fraud  
 Billing for services not rendered  
 Billing fraud (not Medicaid/Medicare)  
 Breach of confidentiality  
 False or deceptive advertising  
 Inadequate documentation/patient records  
 Insurance balance billing (not Medicaid/Medicare)  
 Medicaid/Medicare  
 Medicaid/Medicare balance billing

SUPERVISION  
 Fully licensed physician  
 Limited licensee (e.g. resident)  
 Nurse or other employee  
 Physician's assistant

DIAGNOSIS RELATED  
 Delay in diagnosis  
*Failure to Diagnose*  
 Abdominal problems (not appendicitis or ulcer)  
 AIDS/AIDS Related Complex/HIV  
 Appendicitis  
 Bladder problem  
 Bone cancer  
 Bowel problem  
 Breast cancer  
 Cancer (unspecified)  
 Cardiac disorder (not myocardial infarction)  
 Circulatory problem  
 Colon/rectal cancer  
 Diabetes  
 Eye disorder  
 Fracture/Dislocation  
 Gall Bladder disorder  
 Genetic disorder  
 Hemorrhage  
 Hernia  
 Hodgkin's disease  
 Implanted foreign body  
 Infection  
 Kidney disorder  
 Liver disorder  
 Liver/kidney/pancreas cancer  
 Lung cancer  
 Lyme disease  
 Meningitis  
 Myocardial infarction  
 Neurological disorder  
 Orthopedic problem (not fracture/dislocation)  
 Ovarian/cervical cancer  
 Pneumonia/pneumothorax  
 Respiratory problem  
 Skin cancer  
 Tendon injury  
 Testicular torsion  
 Testicular/prostate cancer  
 Tumor

Ulcer or complication(s) of ulcer  
 Failure to perform diagnostic test(s)  
 Lack of informed consent  
 Misdiagnosis  
 Ordering/performing unnecessary diagnostic tests/procedures

BIOMEDICAL EQUIPMENT/PRODUCT RELATED  
 Malfunction  
 Misuse

TREATMENT RELATED  
 Abandonment of patient  
 Delay in treatment  
 Failure to make referrals appropriately  
 Failure to monitor patient  
 Failure to notify patient of test results  
 Failure to take adequate patient history  
 Failure to treat  
 Failure to use consultants appropriately  
 Improper choice of treatment  
 Improper treatment of fracture/dislocation  
 Inappropriate admissions(s)  
 Inappropriate discharge(s)/transfer(s)  
 Lack of informed consent

*Anesthesia Related*  
 General  
 Allergic/adverse reaction  
 Failure to test improper use of equipment  
 Improper intubation  
 Improper positioning of patient  
 Lack of informed consent  
 Teeth damage  
 Wrong amount/type of anesthesia prescribed

*Intravenous Related*  
 CVP line  
 Dye reaction  
 General  
 Infiltration  
 Lack of informed consent

*Medication Related*  
 Drug side effect  
 Drug toxicity/overdose  
 Failure to diagnose drug addiction  
 Failure to diagnose drug related problem(s) (not addiction)  
 Failure to prescribe  
 General  
 Lack of informed consent  
 Prescribing to a known addict  
 Wrong dose of medication ordered/administered  
 Wrong medication ordered/administered

*Mental Illness Related*  
 Failure to diagnose mental disorder/illness/problem  
 Failure to warn third party(ies)  
 General  
 Improper commitment  
 Improper use of seclusion/restraints  
 Lack of informed consent  
 Suicide/suicide attempt by inpatient

**TABLE 5: BASIS FOR ALLEGATION**

Suicide/suicide attempt by outpatient

*Obstetrics-Gynecology Related*

Failed sterilization  
Failure to diagnose ectopic pregnancy  
Failure to diagnose Pregnancy, normal  
Fetal death/stillbirth  
Gynecology-general  
Improper performance of abortion  
Injury to child during labor/delivery  
Injury to mother during labor/delivery  
Lack of informed consent  
Maternal death related to delivery  
Obstetrics-general  
Wrongful life/birth

*Surgery Related*

Delay in surgery  
General  
Failure to diagnose post-op  
complications  
Improper treatment of post-op  
complication  
Improper/negligent performance

Laceration/penetration not within scope  
of surgery

Lack of informed consent  
Positioning-not anesthesia  
Retained foreign bodies (e.g. needle,  
sponge)  
Unnecessary surgery  
Wrong body part or wrong patient

*Specified Procedures/Specialties*

Angiography/arteriography  
Biopsy  
CAT scan/MRI  
Catheterization  
Chemotherapy  
Circumcision  
Colonoscopy  
Endoscopy  
Injection/Immunization  
Laparoscopy/laparotomy  
Myelography  
Neonatology  
Neurology  
Orthopedics

Pediatrics  
Plastic/cosmetic surgery  
Radiation therapy  
Stress test  
Suturing

TRANSFUSION RELATED

Caused AIDS/HIV  
Caused hepatitis  
Mismatch

MISCELLANEOUS

Improper utilization review  
Improper Workmen's Compensation  
evaluation  
Patient fall (in health care facility/office)  
Performance of autopsy without  
permission  
Unauthorized DNR order  
Vicarious liability for acts of another  
provider  
Violation of patient's civil rights  
Wrongful death of patient

## **RESOURCES AND WEBSITES**

American Medical Association.....	(800) 621-8335 <a href="http://www.ama-assn.org">www.ama-assn.org</a>
Audio Digest .....	(800) 423-2308 <a href="http://www.audiodigest.com">www.audiodigest.com</a>
Board of Registration in Medicine.....	(781) 876-8200
Licensing Division.....	(781) 876-8210
Physician Health Program .....	(781) 876-8259 <a href="http://www.massmedboard.org">www.massmedboard.org</a>
Centers for Medicare & Medicaid Services (CMS).....	1-(800) 465-3203 <a href="https://nppes.cms.hhs.gov/NPPES">https://nppes.cms.hhs.gov/NPPES</a>
Department of Social Services .....	(800) 792-5200 <a href="http://www.state.ma.us/dss">www.state.ma.us/dss</a>
United States Drug Enforcement Administration (DEA).....	(800) 882-9539 (617) 557-2200 <a href="http://www.deadiversion.usdoj.gov">www.deadiversion.usdoj.gov</a>
Massachusetts Dept. of Public Health.....	(617) 983-6700 <a href="http://www.mass.gov/dph/dcp">www.mass.gov/dph/dcp</a>
Massachusetts Medical Society .....	(781) 893-4610 (800) 322-2303 <a href="http://www.massmed.org">www.massmed.org</a>
Medical Examiner's Office .....	(800) 962-7877 <a href="http://www.mass.gov/eops/cme.htm">www.mass.gov/eops/cme.htm</a>
Physician Health Services .....	(781) 434-7404 <a href="http://www.physicianhealth.org">www.physicianhealth.org</a>
ProMutual Insurance.....	(800) 225-6168 <a href="http://www.promutualgroup.com">www.promutualgroup.com</a>
Risk Management Foundation (CRICO) .....	(877) 763-2742 (617)495-5100 <a href="http://www.rm.harvard.edu">www.rm.harvard.edu</a>

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