

Commonwealth Of Massachusetts - Board Of Registration In Medicine
560 Harrison Avenue, Suite #G-4. Boston, MA 02118 – www.massmedboard.org

CONTINUING MEDICAL EDUCATION WAIVER REQUEST

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NUMBER: _____

DATE OF BIRTH: ____/____/____

The Board requires that a licensee complete a minimum of 40 hours of continuing medical education credits in Category 1 and 60 credit hours in Category 2 during each renewal cycle, including 10 credits in the area of risk management. A licensee may submit a request for a waiver of the portion of the continuing medical education requirements that the licensee has not completed. A waiver request must be submitted at least 30 days prior to the renewal date. ***if the waiver is approved, continuing medical education credits must be completed within 90 days after the renewal date.***

A written statement explaining the reason(s) for requesting a waiver must be submitted and signed under the penalties of perjury.

1. Please explain your failure to complete your continuing medical education requirements.

Prolonged illness Inaccessibility or unavailability of continuing education activities

Other: _____

2. Please provide a detailed explanation: _____

3. How many continuing medical education hours have you completed since your last renewal:

Category 1 ____ Category 2 ____ Risk Management Category 1 ____ Risk Management Category 2 ____

4. Please describe your plan for completing Category 1 and Category 2 continuing medical education requirements. Under the heading type, please use the abbreviation "RM" for risk management credits. Attach additional sheets if necessary.

CATEGORY 1 CREDITS

<u>DESCRIPTION OF PROGRAM</u>	<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>CREDIT HOURS</u>
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____

CATEGORY 2 CREDITS

<u>DESCRIPTION OF ACTIVITY</u>	<u>TYPE</u>	<u>CREDIT HOURS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned applicant, hereby certify that all information included in this waiver request for continuing medical education constitutes a true statement made under the penalties of perjury.

NAME: _____ DATE: ___/___/___

The Board, in its discretion, may grant a waiver of the continuing medical education requirement. A licensee who receives a waiver is not relieved of any other obligations under M.G.L. c.112 or the regulations issued thereunder. A licensee must obtain the required continuing medical education credit hours for license renewal.

RETURN THIS FORM TO THE RENEWAL DEPARTMENT AT THE BOARD OF REGISTRATION IN MEDICINE