

**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**

**CHANGE OF PROGRAM APPLICATION – LIMITED LICENSE**

**Please Note:** If you have questions concerning the licensing process, contact the residency program coordinator or the residency training office at the Massachusetts hospital where your training will be undertaken.

**Limited License Fee:** The fee for a limited license is \$100.00. Please attach a personal check or money order payable to the Commonwealth of Massachusetts. Applications will not be processed without the fee.

**Limited Licensure:** Limited licenses are issued to physicians enrolled in post-graduate medical education programs in teaching hospitals in the Commonwealth of Massachusetts. All such training must be done in ACGME accredited programs, or in a subspecialty clinical training or fellowship program in a training facility that has an approved program in the parent specialty. This information must be documented by the training program in Section C of the Change of Program Limited License Application form.

A physician who holds or who has ever held a full Massachusetts license is not eligible for a limited license. You may practice medicine only in the training program with this application. With a limited license, you are not allowed to “moonlight” under any circumstances.

Processing time for a Change of Program Application is approximately 4 to 6 weeks after the application has been received by the Board. Some applications may necessitate a longer processing time. The Board will notify the training program upon approval of your Change of Program. You may not engage in any direct or indirect patient care until your limited license has been approved

**Change of Program Application:** The Change of Program form is to be used when the following occurs:

- Change of Specialty (example: General Surgery to Neurosurgery);
- Change of Specialty to Subspecialty (example: Anesthesia Residency to Cardiac Anesthesia Specialty or Anesthesia Residency to Pediatric Anesthesia Fellowship);
- Change of Hospital (example: Massachusetts General Hospital to Boston Medical Center); or
- Change of Program Director except when there is a personnel change of director within a specified program; under these circumstances, use a Renewal Form.

**Sections A and C** must be completed by the applicant and any other forms which may apply. The Change of Program Application must be forwarded to the training program for completion of **Section B**.

**Question #5 B:** If you left a training program only because it was a prerequisite for the program you are entering, you may answer “yes” to this question. If your answer is “no” please provide an explanation and you must follow all of the instructions listed under Question #5-C.

**Evaluation Form:** The Evaluation Form must be completed by your current program director if you answered “no” to questions 5-B or 5-C or if you answered “yes” to questions 16-35 and included with your change of program application. **Please inform the program director that the completed Evaluation Form must be placed in a sealed envelope. If the seal on the envelope is broken, then the process must be repeated.**

**License Verification:** If you have become fully licensed anywhere in the United States, Puerto Rico, or Canada since your initial limited licensure in Massachusetts, you must authorize verification of your licensure to the Board. Please sign the attached form, Verification of Licensure, and send it to the appropriate state medical licensing agency(ies). The state license verification(s) from each state must be sent to the Board with

your change of program application. **Do not open the state license verification(s) and inform the members of your household not to open the envelope(s). If the seal on the state license verification envelope is broken, it will be returned to you and you will be required to repeat the process.**

**Name Change:** If you have had a name change, you must submit a notarized copy of your marriage certificate or a notarized copy of the court order changing your name.

**See attached instructions for completion of Questions 16-35 and the Limited License Supplement.**

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## **SECTION A**

**Mailing address:** Provide a mailing address and telephone number at which we can reach you. You must immediately notify the Board of any change in this information.

**Name of Massachusetts training hospital:** This is the name of the training program at which you will be practicing with your Limited License.

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## **SECTION B MUST BE COMPLETED AND SIGNED BY THE DESIGNATED OFFICIAL AT THE FACILITY WHERE THE APPLICANT WILL BE TRAINING.**

**The following instructions will help you answer Questions 16-35. If you answer “yes” to any of these questions, you must also fill out the supplemental pages. Read these instructions and the supplemental pages carefully. Your application may be delayed if you fail to provide all the information requested.**

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 this 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.

**16-A. Postgraduate-training program leaves and withdrawals:** You must report **all** leaves of absence, withdrawals or if you had to repeat a post-graduate training program, regardless of the reason. Provide an explanation on the supplemental pages.

**16-B. Probation in any postgraduate training program:** You must report a probation in any postgraduate training program, regardless of the reason for the probation.

**18. Medical license application withdrawal or denial of medical license:** You should answer "yes" if you withdrew your application after learning that your license application probably would not be approved or would be approved only with conditions or restrictions. You do not need to answer “yes” if you withdrew your application solely because of a decision to relocate that was entirely unrelated to anticipated rejection of your application, or if you let your license lapse because you no longer practice medicine in that jurisdiction.

**19. Voluntary surrender of license:** You must report any surrender of a license to a licensing board or other governmental agency. You do not need to answer “yes” to this question if you let your license lapse because you no longer practice medicine in that jurisdiction.

**20 and 21. Disciplinary action:** You must answer "yes" if there is an action pending against you, as well as if an action has already been taken. "Disciplinary action" includes, but is not limited to, the following or their substantial equivalents: revocation, suspension, censure, reprimand, restriction, non-renewal or denial of

privileges, resignation, fine, required performance of public service, leave of absence, withdrawal of an application, termination of a contract, or required course of education, training, counseling or monitoring, whether voluntary or involuntary. A resignation includes a voluntary leave of absence or a voluntary restriction on the scope of your practice. It also includes a dissolution of or disassociation from a professional corporation, partnership or professional practice group.

“Governmental authority” refers to any federal, state, county or municipal governmental authority, including but not limited to: any medical licensing board (including Massachusetts), any agency regulating health care quality, any medical assistance authority, and any regulatory authority investigating insurance fraud.

“Health care facility” refers to any hospital (including 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 health care 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 business organization.

A dissolution of or disassociation from a professional corporation, partnership or professional practice group, a restriction, non-renewal, or denial/restriction of privileges or a resignation must be reported only when it is related in any way to 1) the applicant's competence to practice medicine or 2) a complaint or allegation regarding any violation of law or regulation (including but not limited to the regulations of this Board) or hospital, health care facility or professional medical association by-laws, whether or not the complaint or allegation specifically cites violation of a specific law, regulation or by-law. A "required course of education or training" is a "disciplinary action" if it arose out of the filing of a complaint or any other formal charges reflecting upon the licensee's competence to practice medicine.

**22, 23, 24 and 25. Medical staff membership, status and privileges:** You must answer these questions about your medical staff status at any health care facility at which you have ever had membership or privileges. You do not need to include information about your tenure at health care facilities as a medical student or resident.

**26. Criminal proceedings:** Being “charged with a criminal offense” includes being arrested, arraigned or indicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. You must also report: convictions for felonies and misdemeanors; *nolo contendere* pleas; matters where sufficient facts of guilt were found; matters that were continued without a finding; and any other plea bargain. A medical malpractice claim is a civil, not a criminal, matter. A charge of Driving Under the Influence is not a “minor traffic offense” and should be reported.

**27. 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 relocate and your decision to relocate was entirely unrelated to allegations of wrongful or otherwise irregular prescription practices.

**28. Malpractice claims:** You must report all malpractice claims, whether or not they resulted in lawsuits and whether they are pending or have been resolved. You must answer “yes” even if you were named in a case or claim and subsequently dropped from it or the case or claim was dismissed with no finding against you or payment made on your behalf. You must report all cases or claims filed or heard in any state.

**29. Non-malpractice lawsuits:** You must report certain lawsuits filed against you 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, interference with contractual relations) laws. You must report only

those suits relating to your competency to practice medicine or your professional conduct in the practice of medicine.

**30 through 35. Medical condition:** “Medical condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, hearing and memory impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cerebrovascular disease, cognitive disorders, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

“Ability to practice medicine” is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments and learn and keep abreast of medical developments; and
2. 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
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Currently” does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one’s functioning as a licensee, or within the past two years.

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

**34. Illegal use of drugs:** See definitions above.

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 the 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 limited license application will be processed if you claim the privilege.

**35. Voluntary modification of scope of practice:** Describe any voluntary modification of or limitation to your scope of practice not covered by Questions 30 and 31, and the reasons for it.

**A Note to the Physician who is Chemically Dependent**

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 but also to ensure rehabilitation through the physician's participation in approved treatment programs and supervised, structured aftercare. The Board's Chemically Dependent Physician Policy relies on cooperation between the Board and groups like the Massachusetts Medical Society's Physician Health Services to ensure successful rehabilitation.

**PLEASE NOTE: If you answered “yes” to any of Questions 16-35, you must also fill out the supplemental pages.**

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