



**Pre-medical School**

Facility: _____	Degree: _____	<u>From</u>	<u>To</u>
Street: _____	City: _____	___/___/___	___/___/___
			State: _____

Facility: _____	Degree: _____	___/___/___	___/___/___
Street: _____	City: _____		State: _____

**Medical School**

Facility: _____	Degree: _____	<u>From</u>	<u>To</u>
Street: _____	City: _____	___/___/___	___/___/___
			State: _____

Facility: _____	Degree: _____	___/___/___	___/___/___
Street: _____	City: _____		State: _____

Date of medical school graduation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month                  Day                  Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

**Postgraduate Education:**

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: _____	Position: _____	<u>From</u>	<u>To</u>
Street: _____	City: _____	___/___/___	___/___/___
			State: _____

Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____		State: _____

Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____		State: _____

Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____		State: _____

Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____		State: _____

**Examination History**

Please contact the appropriate examination entity and have certified transcript of your scores sent directly to this Board. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below. If you answer "yes" to question #5 on the Full Supplement, you must also complete the required information.

<u>Examination</u>	<u>Most Recent Date taken (Month/Year)</u>	<u>Passed (P) or Failed (F)</u>		<u>Number of attempts</u>
USMLE Step I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
USMLE Step II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
USMLE Step III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Component 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Component 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Pre-1985	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 3	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMVEX	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC – Single	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC – Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC – Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
State Board Exam	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
	(State of examination)			

**Hospital Affiliations and Employment**

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

		<u>From</u>	<u>To</u>
Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	___/___/___	___/___/___
Street: _____	City: _____	State: _____	

1. List other states (abbreviations) where you are currently or have ever had a full license: \_\_\_\_\_

2. a) Are you certified by the American Board of Medical Specialties?  Yes  No  
 b) Are you certified by the American Board of Osteopathic Medicine?  Yes  No

3. List Board Certification(s): \_\_\_\_\_ Certification date: \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ Certification date: \_\_\_/\_\_\_/\_\_\_

4. List your practice specialt(ies) \_\_\_\_\_

5. Have you attached an up-to-date copy of your curriculum vitae?  Yes  No

6. Reason for requesting a Massachusetts medical license: \_\_\_\_\_  
 \_\_\_\_\_

7. Name of Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_

8. Anticipated starting date in Massachusetts: \_\_\_/\_\_\_/\_\_\_

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete. As an applicant for a full license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_/\_\_\_/\_\_\_  
Month Day Year

**NATIONAL PROVIDER IDENTIFIER (NPI)**

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions.

Under the final HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

**In order for your full license application to be complete, you must take one of the following actions:**

- Option 1: Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPES web site at [www.NPPES.cms.hhs.gov](http://www.NPPES.cms.hhs.gov).
- Option 2: Certify you have personally applied for your NPI and you have not received it yet. You must notify the Board once you have received your NPI Number. Please complete the NPI form at the Board's web site at [www.massmedboard.org](http://www.massmedboard.org).
- Option 3: Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). You must notify the Board once you have received your NPI Number.
- Option 4: Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.

Check the appropriate box below, supply appropriate information, and sign the bottom of the page.

- My current NPI is:
- I have personally applied for an NPI.
- I have applied for an NPI using a third party (enter name): \_\_\_\_\_ (follow instructions for Option 3)
- By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf.

**HIPAA TAXONOMY CODES**

Please provide the HIPAA taxonomy (specialty) codes. (Taxotomy codes are on following page of this license application and page 12 of Full License Application Instructions). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf.

	<u>Taxonomy (Specialty) Code</u>	<u>Taxonomy Description (Print)</u>
Primary Provider Taxonomy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Provider Taxonomy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Provider Taxonomy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

**NPI REQUIRED INFORMATION**

In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. **Please note:** This information is required if you authorize BORIM to apply for an NPI on your behalf.

Social Security Number:    -   -

State of Birth (if US): \_\_\_\_\_ Country of Birth (if outside the US): \_\_\_\_\_

Gender:  Male  Female

**Penalties for Falsifying Information on the National Provider Identifier Application**

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

**Authorization for NPI Dissemination**

**Check one box:**  I authorize  I do not authorize the Board of Registration in Medicine to provide my NPI to any authorized hospital, health plan or health organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## TAXONOMY CODES AND DESCRIPTIONS

Please enter the Taxonomy code(s) in the boxes provided on the renewal application, page 6. Thank you.

2084A0401X - Addiction Medicine  
2084P0802X - Addiction Psychiatry  
2083A0100X - Aerospace Medicine  
207K00000X - Allergy & Immunology  
207KA0200X - Allergy & Immunology - Allergy  
207KI0005X - Allergy & Immunology - Clinical & Laboratory Immunology  
207ZP0101X - Anatomic Pathology  
207ZP0102X - Anatomic Pathology & Clinical Pathology  
207L00000X - Anesthesiology  
207LA0401X - Anesthesiology - Addiction Medicine  
207LC0200X - Anesthesiology - Critical Care Medicine  
207LP2900X - Anesthesiology - Pain Medicine  
207ZB0001X - Blood Banking & Transfusion Medicine  
2085B0100X - Body Imaging  
207ZP0104X - Chemical Pathology  
2084P0804X - Child & Adolescent Psychiatry  
207SG0202X - Clinical Biochemical Genetics  
207SC0300X - Clinical Cytogenetics  
207SG0201X - Clinical Genetics (M.D.)  
207SG0203X - Clinical Molecular Genetics  
2084N0600X - Clinical Neurophysiology  
207ZP0105X - Clinical Pathology/Laboratory Medicine  
208U00000X - Clinical Pharmacology  
208C00000X - Colon & Rectal Surgery  
207ZC0500X - Cytopathology  
207N00000X - Dermatology  
207NI0002X - Dermatology - Clinical & Laboratory Dermatological Immunology  
207NS0135X - Dermatology - Dermatological Surgery  
207ND0900X - Dermatology - Dermatopathology  
207ND0101X - Dermatology - MOHS-Micrographic Surgery  
207NP0225X - Dermatology - Pediatric Dermatology  
207ZD0900X - Dermatopathology  
2085R0202X - Diagnostic Radiology  
2085U0001X - Diagnostic Ultrasound  
207P00000X - Emergency Medicine  
207PE0004X - Emergency Medicine - Emergency Medical Services  
207PT0002X - Emergency Medicine - Medical Toxicology  
207PP0204X - Emergency Medicine - Pediatric Emergency Medicine  
207PS0010X - Emergency Medicine - Sports Medicine  
207PE0005X - Emergency Medicine - Undersea and Hyperbaric Medicine  
207Q00000X - Family Practice  
207QA0401X - Family Practice - Addiction Medicine  
207QA0000X - Family Practice - Adolescent Medicine  
207QA0505X - Family Practice - Adult Medicine  
207QG0300X - Family Practice - Geriatric Medicine  
207QS0010X - Family Practice - Sports Medicine  
207ZF0201X - Forensic Pathology  
2084F0202X - Forensic Psychiatry  
208D00000X - General Practice  
2084P0805X - Geriatric Psychiatry  
207ZH0000X - Hematology  
208M00000X - Hospitalist  
207ZI0100X - Immunopathology  
207R00000X - Internal Medicine  
207RA0401X - Internal Medicine - Addiction Medicine  
207RA0000X - Internal Medicine - Adolescent Medicine  
207RA0201X - Internal Medicine - Allergy & Immunology  
207RC0000X - Internal Medicine - Cardiovascular Disease  
207RI0001X - Internal Medicine - Clinical & Laboratory Immunology  
207RC0001X - Internal Medicine - Clinical Cardiac Electrophysiology  
207RC0200X - Internal Medicine - Critical Care Medicine  
207RE0101X - Internal Medicine - Endocrinology, Diabetes & Metabolism  
207RG0100X - Internal Medicine - Gastroenterology  
207RG0300X - Internal Medicine - Geriatric Medicine  
207RH0000X - Internal Medicine - Hematology  
207RH0003X - Internal Medicine - Hematology & Oncology  
207RI0008X - Internal Medicine - Hepatology  
207RI0200X - Internal Medicine - Infectious Disease  
207RI0011X - Internal Medicine - Interventional Cardiology  
207RM1200X - Internal Medicine - Magnetic Resonance Imaging (MRI)  
207RX0202X - Internal Medicine - Medical Oncology  
207RN0300X - Internal Medicine - Nephrology  
207RP1001X - Internal Medicine - Pulmonary Disease  
207RR0500X - Internal Medicine - Rheumatology  
207RS0010X - Internal Medicine - Sports Medicine  
208VP0014X - Interventional Pain Medicine  
209800000X - Legal Medicine  
207ZM0300X - Medical Microbiology  
2083T0002X - Medical Toxicology  
207ZP0007X - Molecular Genetic Pathology  
207SM0001X - Molecular Genetic Pathology  
2084P0005X - Neurodevelopmental Disabilities  
207T00000X - Neurological Surgery  
2084N0400X - Neurology  
204D00000X - Neuromusculoskeletal Medicine & OMM  
204C00000X - Neuromusculoskeletal Medicine, Sports Medicine  
207ZN0500X - Neuropathology  
2085N0700X - Neuroradiology  
207U00000X - Nuclear Medicine  
207UN0903X - Nuclear Medicine - In Vivo & In Vitro Nuclear Medicine  
207UN0901X - Nuclear Medicine - Nuclear Cardiology  
207UN0902X - Nuclear Medicine - Nuclear Imaging & Therapy  
2085N0904X - Nuclear Radiology  
207V00000X - Obstetrics & Gynecology  
207VC0200X - Obstetrics & Gynecology - Critical Care Medicine  
207VX0201X - Obstetrics & Gynecology - Gynecologic Oncology  
207VG0400X - Obstetrics & Gynecology - Gynecology  
207VM0101X - Obstetrics & Gynecology - Maternal & Fetal Medicine  
207VX0000X - Obstetrics & Gynecology - Obstetrics  
207VE0102X - Obstetrics & Gynecology - Reproductive Endocrinology  
2083X0100X - Occupational Medicine  
207W00000X - Ophthalmology  
204E00000X - Oral & Maxillofacial Surgery  
207X00000X - Orthopaedic Surgery  
207XS0114X - Orthopaedic Surgery - Adult Reconstructive Orthopaedic Surgery  
207XX0004X - Orthopaedic Surgery - Foot and Ankle Orthopaedics  
207XS0106X - Orthopaedic Surgery - Hand Surgery  
207XS0117X - Orthopaedic Surgery - Orthopaedic Surgery of the Spine  
207XX0801X - Orthopaedic Surgery - Orthopaedic Trauma  
207XX0005X - Orthopaedic Surgery - Sports Medicine  
207Y00000X - Otolaryngology  
207YS0123X - Otolaryngology - Facial Plastic Surgery  
207YX0602X - Otolaryngology - Otolaryngic Allergy  
207YX0905X - Otolaryngology - Otolaryngology/Facial Plastic Surgery  
207YX0901X - Otolaryngology - Otology & Neurotology  
207YP0228X - Otolaryngology - Pediatric Otolaryngology

207YX0007X - Otolaryngology - Plastic Surgery within the  
Head & Neck  
2084P2900X - Pain Medicine  
208VP0000X - Pain Medicine  
207ZP0213X - Pediatric Pathology  
2085P0229X - Pediatric Radiology  
208000000X - Pediatrics  
2080A0000X - Pediatrics - Adolescent Medicine  
2080I0007X - Pediatrics - Clinical & Laboratory Immunology  
2080P0006X - Pediatrics - Developmental – Behavioral  
Pediatrics  
2080T0002X - Pediatrics - Medical Toxicology  
2080N0001X - Pediatrics - Neonatal-Perinatal Medicine  
2080P0008X - Pediatrics - Neurodevelopmental Disabilities  
2080P0201X - Pediatrics - Pediatric Allergy & Immunology  
2080P0202X - Pediatrics - Pediatric Cardiology  
2080P0203X - Pediatrics - Pediatric Critical Care Medicine  
2080P0204X - Pediatrics - Pediatric Emergency Medicine  
2080P0205X - Pediatrics - Pediatric Endocrinology  
2080P0206X - Pediatrics - Pediatric Gastroenterology  
2080P0207X - Pediatrics - Pediatric Hematology-Oncology  
2080P0208X - Pediatrics - Pediatric Infectious Diseases  
2080P0210X - Pediatrics - Pediatric Nephrology  
2080P0214X - Pediatrics - Pediatric Pulmonology  
2080P0216X - Pediatrics - Pediatric Rheumatology  
2080S0010X - Pediatrics - Sports Medicine  
207SG0205X - Ph.D. Medical Genetics  
208100000X - Physical Medicine & Rehabilitation  
2081P2900X - Physical Medicine & Rehabilitation –  
Pain Medicine  
2081P0010X - Physical Medicine & Rehabilitation – Pediatric  
Rehabilitation Medicine  
2081P0004X - Physical Medicine & Rehabilitation – Spinal  
Cord Injury Medicine  
2081S0010X - Physical Medicine & Rehabilitation – Sports  
Medicine  
208200000X - Plastic Surgery  
2082S0099X - Plastic Surgery - Plastic Surgery Within the  
Head and Neck  
2082S0105X - Plastic Surgery - Surgery of the Hand  
2084P0800X - Psychiatry  
2083P0901X - Public Health & General Preventive Medicine  
2085R0001X - Radiation Oncology  
2085R0205X - Radiological Physics  
2084S0010X - Sports Medicine  
2083S0010X - Sports Medicine  
208600000X - Surgery  
2086S0120X - Surgery - Pediatric Surgery  
2086S0122X - Surgery - Plastic & Reconstructive Surgery  
2086S0105X - Surgery - Surgery of the Hand  
2086S0102X - Surgery - Surgical Critical Care  
2086X0206X - Surgery - Surgical Oncology  
2086S0127X - Surgery - Trauma Surgery  
2086S0129X - Surgery - Vascular Surgery  
2085R0203X - Therapeutic Radiology  
208G00000X - Thoracic Surgery (Cardiothoracic Vascular  
Surgery)  
204F00000X - Transplant Surgery  
2083P0011X - Undersea and Hyperbaric Medicine  
208800000X - Urology  
2085R0204X - Vascular & Interventional Radiology  
2084V0102X - Vascular Neurology

