



**Board of Registration in Medicine - 200 Harvard Mill Square, Suite 330
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INITIAL LIMITED LICENSE APPLICATION

PLEASE NOTE: As the applicant, you are responsible for the accuracy of this licensing information. 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.

IMPORTANT INFORMATION:

- ◆ Limited licenses are issued to physicians enrolled in postgraduate medical education programs in health care facilities 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 B** of this Limited License Application. You may practice medicine only in the training program approved with this application. With a limited license you are not allowed to “moonlight” under any circumstances.
- ◆ A physician who holds or who has ever held a full Massachusetts license is not eligible for a limited license.
- ◆ Processing time for an Initial Limited License Application is approximately six (6) to eight (8) weeks after licensing materials from all sources have been received by the Board of Registration in Medicine. Some applications may require a longer processing time. The Board will notify the training program upon approval of your limited license. You may not engage in direct or indirect patient care until your license has been approved.
- ◆ Following Board approval of your limited license, your limited registration certificate verifying your registration number will be sent to your training program and they will provide you with a copy of the certificate. That license number will be retained for the duration of that training program. If you enter a different training program (for example, change from a residency in general surgery to a fellowship in plastic surgery) at the same facility or another training program, you must submit a Change of Program Application. A new license will be issued, assuming that you still qualify for limited license registration.

- ◆ Please be advised that your limited license expires at the end of the academic year or earlier if your training is completed before the end of the academic year. If you are continuing in a training program, a limited renewal application must be completed and sent to the Board at least 30 days prior to the end of the academic year. The Board may issue a limited license up to a maximum of 5 licenses. A request for a limited license beyond the maximum of 5 licenses may be granted only in extraordinary circumstances and is subject to review by the Board.

The Limited License Application Kit includes:

- ◆ Initial Limited License Application Form, comprised of **Sections A, B and C** (and supplemental pages if you answer **yes** to any of the questions on **Sections A and C**).
- ◆ Medical Education Verification form for premedical and medical education
- ◆ Request for Status Report of ECFMG Certification (International Graduates)
- ◆ State License Verification(s) from all states where you have ever held a full license
- ◆ Evaluation form
- ◆ Authorization for Release of Information form must be completed and included with your application
- ◆ In addition to these required forms, please provide the Board with an updated curriculum vitae (by month and year).

INSTRUCTIONS FOR COMPLETING LIMITED LICENSE FORMS

Initial Limited License Application Form: Complete **Sections A and C**, as well as any other forms that apply. After completion of **Sections A and C**, forward the application to the training program for completion of **Section B**.

Medical Education Verification Form: Pre-medical education must be certified by your medical school(s) on the Medical Education Verification form. You must have successfully completed two (2) years of at least thirty-two (32) weeks in each year of pre-medical education. If you attended more than one medical school you must obtain verification from all schools.

Do not open the envelope from your medical school and inform the members of your household not to open the envelope. If the seal on the envelope from your medical school is broken, the Medical School Verification form will not be accepted and you will be required to obtain a new Medical School Verification. This will delay the processing of your limited license application.

Please note: The Board of Registration in Medicine (Board) will not grant a limited license prior to the medical school awarding you an M.D. or D.O. degree. In the event that your medical school has determined that you have *not* met the requirements for graduation, you must notify the Board within 24 hours following notification by your medical school. The Medical School Status Update form is available on the Board's website at massmedboard.org., select "Physician Information," and "Downloadable Forms." Failure to notify the Board within the specified time frame could preclude you from obtaining future licenses in Massachusetts.

International Medical Graduates - Send your Medical Education Verification form via an international carrier with a prepaid return envelope addressed to you so that the medical school can send it directly to you. If the medical school verification and transcripts are provided in a language other than English, you must provide an official translation by a translation company in the United States.

You must send a **notarized** copy of your medical school diploma with your limited license application. If your diploma is not written in English, you must also provide an official translation by a translation company in the United States.

Transfers: If you have transferred from one medical school to another, please request a letter from medical school office explaining the reason(s) for the transfer. The letter should be sent to you and included with the limited license application. If the seal on the envelope is broken, you will be required to obtain a new letter and your limited license application will be delayed.

Authorization for Release of Information: The Authorization for Release of Information form must be signed and returned with your limited license application.

State License Verification: If you are currently licensed, or if you have ever been fully licensed anywhere in the United States, Puerto Rico, or Canada, you must authorize verification of your licensure to the Board of Registration in Medicine. Please sign the State License Verification form and send it to the appropriate state medical licensing board. Request the state licensing board to send the verification of your state license to you and include it with your limited license application. If the seal on the envelope from the state board is broken, the state license verification will not be accepted by the Massachusetts Board. The envelope and its contents will be returned to you and then the process must be repeated.

Evaluation Form: The Evaluation Form must be completed by your most recent training program director. If you had previously completed training in another state and were practicing medicine, the Evaluation Form must be completed by the program director or the department chairman where you had active medical staff privileges. If this is your first postgraduate training program, you do not need to complete this form. The Evaluation Form must be sent to you in a sealed envelope from the program director or the department chairman and include it with your limited license application. If the seal on the envelope is broken, it will be returned to you and then you will have to repeat the process.

International Medical Graduates

ECFMG Status Report: The ECFMG Status Report must be sent directly to the Board from ECFMG electronically. Go to <https://cvsonline2.ecfm.org/lmgGenInfo.asp> for information and instructions on how to apply for your ECFMG status report to be **sent** to the Board. Please note that FMGEMS is not an accepted qualifying examination.

Qualifying Examinations: International medical graduates must have passing scores on USMLE Steps 1 and 2, NBME Part I and II, both Components 1 and 2 of the FLEX, or a combination of these examinations.

Substantial Equivalency of Medical School Education: In situations where an international medical graduate cannot comply with 243 CMR 2.03(1) (b), requiring substantial equivalency of medical school education, a Waiver Request may be submitted to the Board. If an applicant completed more than three (3) months of elective clinical training, or any required clinical training of the (2) two-year clinical study requirement was **not** completed on the site of your medical school, you must send a copy of **Form E-1** to your medical school. **Form E-2** must be forwarded to the program director at the program where you completed each clinical experience. This form must be returned directly to the Board of Registration in Medicine. **Forms E-1 and E-2** apply only to applicants whose clinical training was done away from the site of their school. The Waiver Request and **Forms E-1 and E-2** are available in the medical education office at the program training site.

Fifth Pathway Graduates: Graduates of Fifth Pathway programs must also submit a notarized copy of a certificate of completion of a year of clinical training at an approved medical school in the United States or Canada.

DEFINITIONS:

IMG. - International Medical School Graduates. Graduates of medical schools legally chartered in a sovereign state other than the United States or Canada.

Fifth Pathway - means a program of medical education which meets the following requirements:

1) Completion of two (2) years of premedical education in a college or university of the United States; 2) Completion of all the formal requirements for the degree corresponding to doctor of medicine, except internship and social service in a medical school outside the United States which is recognized by the World Health Organization; 3) Completion of one (1) academic year of supervised clinical training sponsored by an ACGME approved teaching hospital in the United States or Canada.

ECFMG: Educational Commission for Foreign Medical Graduates.

ACGME: Accreditation Council for Graduate Medical Education.

Attendance: During the first two (2) years of medical school is defined as physical presence at the program for matriculation. Attendance during the third and fourth years of medical school is defined as enrollment in clinical study at the degree granting institution and as further described by the Board of Registration in Medicine's regulations under Medical School Education Verification form above.

Translations: Original translations must be provided for any documents in a language other than English. If such transcript is provided in a language other than English, you will be asked by the Board of Registration in Medicine to provide an official translation by a translation company in the United States. English translations received by the Board of Registration in Medicine directly from the Medical School Dean will be accepted. If you wish to have original U. S. translations returned, you must enclose a notarized copy of the translation and a self-addressed stamped envelope with sufficient postage affixed. The Board of Registration in Medicine will keep your notarized copy and return the original to you.

An Official U. S. Translation Company is a private organization located in the United States engaged solely in the practice of translating documents and inter-language communication, e.g. Berlitz, Polylingua, Inc., etc. These companies can be located by looking under Translators and Interpreters in the Yellow Pages of the telephone book. An office of a U.S. translation company located outside the United States is acceptable.

Important Note: Following the submission of your application for licensure, the Board may at any time request additional documentation to determine the applicant's

compliance with the Board's statutes and regulations. Applicants who are not in compliance with the Board of Registration in Medicine's statutes and regulations may not be eligible for licensure.

APPLICATION INSTRUCTIONS

SECTION A

1-B. Other name(s): 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. Please complete the Name Change and Duplicate License form and the Notary Public Attestation for Name Change form.

2. Current residence: 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.

5. Social Security Number: Your social security number may be used to facilitate the authorized sharing of information with designated agencies for identification of licensees for the following purposes: reporting of disciplinary actions to national data repository systems; tax default status; student loan default status; child support arrearages; Medicaid provider eligibility; possession of Massachusetts controlled substances registration; and collection of fines imposed in connection with Board disciplinary cases. The Board considers this information highly confidential and not subject to release except as specifically authorized.

6. Name and address of Massachusetts training hospital: This is the name of the program at which you will be practicing with your Limited License. This information should correspond with the information in Section B.

7. Name of premedical school(s): Supply the name of the school(s) at which you completed your undergraduate premedical education.

11. Examinations completed: Indicate all licensing examinations which you have completed with a passing score.

12 A or B: Completion of medical school education: If you answered yes to question #12-A or 12-B, please supply an explanation on a separate piece of paper. U.S medical graduates must explain the reason(s) for more than 4 years of medical school training. International medical graduates must explain the reason(s) for more than 6 years of medical school training.

13. Time between graduation and start of training: If you answered yes to this question, attach a detailed list of your activities, both professional and non-professional, and the dates in which you engaged in each of these activities, arranged in chronological order up to the present time. Be sure to include all employment experiences and training programs.

SECTION B MUST BE COMPLETED BY THE TRAINING PROGRAM

SECTION C

The following instructions will help you answer Questions 14-34. 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.

15, 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 corporation or other 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.

16-A and 16-B. Transfer, leave of absence, withdrawal or termination from medical school or any postgraduate training program: If you answered “yes” to 16-A or 16-B, you must complete the supplement form detailing your reasons for non-completion, transfer, withdrawal or change of the program(s). In addition, you must request a letter from the dean of the medical school or the Program Director at the postgraduate training program explaining the reason(s) for the transfer, leave of absence, withdrawal, termination or noncompletion of any medical school or postgraduate training and the circumstances under which you left the program. This letter must be sent directly to the Board by the dean of the medical school or the program director. If you completed a portion of a training program as a prerequisite for entering into a different training program immediately thereafter, you may answer “no” to this question.

16-C. Probation in medical school or any postgraduate training program: You must report a probation in medical school or 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. See 15 above.

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 and 31. 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:

1. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, and to 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.

“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 15-35, you must also fill out the supplemental pages.

s/share/limited/instructions 8/12/2008