



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

REVIVAL OF A LAPSED LICENSE

If you were ever issued a full license in Massachusetts that you did not renew, you must complete a lapsed license application to revive your license to practice medicine. If your full license was revoked or suspended by the Massachusetts Board of Registration in Medicine, do not submit a lapsed license application, please contact the Board's Division of Law and Policy to see what steps are required for possible reinstatement of your license.

Please read the Revival of Lapsed License instructions before sending your lapsed application and fee for \$600.00, to the Board. Every question on the lapsed application and supplement must be answered. If you answer "yes" to questions #1-14 on the supplement, you must also complete the additional supplement pages and provide the required information.

When you receive the National Practitioner Data Bank Profile, attach it to your completed lapsed license application and mail the packet to the Board of Registration in Medicine at the above listed address. Please mail all of the required documents together. **Do not open the National Practitioner Data Bank Profile envelope.** If the seal on the envelope is broken, the Board will not accept the contents of the envelope, it will be returned to you and you will have to repeat the process.

If you have any malpractice or legal issues, the information must be sent directly to the Board from your liability carrier or attorney. Documents for legal issues must be sent directly to the Board from the court or your attorney.

Revised: 10/09/2002

MA License Number: _____
Date license revived: ____/____/____

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 Email: massmedboard.org

LAPSED LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 in U.S. currency, made payable to the Commonwealth of Massachusetts.

Activity Status: Active Inactive*

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Medical Degree: M.D. D.O. Ph.D. Other degree _____

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here

Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____
Month Day Year

Place of Birth: _____
City State/Province/Territory Country if not USA

Home Address: _____
Number and Street

City State/Province/Territory Zip (or postal) Code

Business Address: _____
Number and Street

City State/Province/Territory Zip (or postal) Code

Business Home Telephone: (____) _____, ext. _____ Telephone: (____) _____

E-mail Address _____ Fax Number: _____

Preferred Mailing Address: Business Address Home Address

***Inactive status:** If you check inactive status when you sign the lapsed application, you certify that you will not practice medicine in Massachusetts.

APPLICANT'S NAME: _____

Postgraduate Education:

List all postgraduate training chronologically from medical school to the present, 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: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |
| Facility: _____ | Position: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |
| Facility: _____ | Position: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |
| Facility: _____ | Position: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |

Hospital Affiliations and Employment

List in chronological order all hospital appointments where you had active staff privileges, including the name and address of the facility, your position and dates of affiliation in postgraduate training. Also include periods of unemployment or employment outside of medicine. Do not include postgraduate training facilities. Attach a separate sheet of paper if necessary.

| | | | |
|-----------------|-----------------|----------------|----------------|
| | | <u>From:</u> | <u>To:</u> |
| Facility: _____ | Position: _____ | ____/____/____ | ____/____/____ |
| Street: _____ | City: _____ | | State: _____ |
| Facility: _____ | Position: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |
| Facility: _____ | Position: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |
| Facility: _____ | Position: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |
| Facility: _____ | Position: _____ | <u>From</u> | <u>To</u> |
| Street: _____ | City: _____ | ____/____/____ | ____/____/____ |
| State: _____ | | | |

Medical Malpractice Information:

My medical malpractice insurance coverage is by: Insurance carrier Letter of Credit

Print name of insurer: _____

Policy dates: From: _____ To: _____

Alternatively, indicate as follows: I am registering with Active status but I am not covered by medical malpractice insurance because:

I am not involved in direct patient care Otherwise exempt

Explain exemption _____

Continuing Medical Education Credits

Read instructions for continuing medical education requirements before completing.

Activity status: Active Inactive Exemption _____

Category 1 credits _____

Risk management Category 1 _____

Category 2 credits _____

Risk Management Category 2 _____

Continuing medical education credit requirements must be completed before the Lapsed License can be revived if you are applying for active license status. (See Lapsed License Instructions).

1. List other states (abbreviations) where you are currently or have ever been licensed: ____ ____

2. Are you certified by the American Board of Medical Specialties (ABMS)? Yes No

3. List only ABMS certification(s): _____

4. Reason for reviving Lapsed License in Massachusetts: _____

5. Please attach your current curriculum vitae

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L.c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c.112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. c.62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c. 119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and 243 C.M.R. 3.00 et seq., and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.

Under penalties of perjury, I declare that I have examined this renewal 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. I authorize the Board of Registration in Medicine to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Signature: _____ Date: ____/____/____

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING, FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Continued on Page 5

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 the purposes of conducting these business transactions. Under the HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

In order to complete your license application 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 NPPEs web site at www.NPPEs.cms.hhs.gov.
- Option 2: Certify you have personally applied for your NPI and you have not received it yet. Once you have received your NPI Number you must notify the Board. Please complete the NPI form at the Board's web site at 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). Once you have received your NPI Number you must notify the Board (see instructions for Option 2).
- 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. (See Lapsed License Instructions, pages 7, 8 and 9). 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.

I authorize the Board of Registration in Medicine to provide my NPI to any authorized hospital, health plan or health organization.

Signature: _____ Date: ____/____/____

PLEASE MAKE A COPY OF ALL PAGES OF YOUR RENEWAL APPLICATION AND ALL ATTACHMENTS BEFORE MAILING YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Revival of Lapsed License Application Instructions

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 Email: massmedboard.org

TABLE OF CONTENTS

| | |
|---|------|
| Application Fee | 2 |
| Activity Status..... | 2 |
| Application Instructions..... | 2 |
| Medical Education | 2 |
| Postgraduate Education and Hospital Appointments..... | 2 |
| Malpractice Insurance..... | 2 |
| Continuing Medical Education (CME) Requirements..... | 3 |
| National Practitioner Identifier (NPI) | 3 |
| Application Supplement..... | 4 |
| Malpractice Cases | 4 |
| Legal Issues..... | 4 |
| Authorization for Release of Information | 5 |
| Medicare/Tax Form | 5 |
| AMA Physician Profile..... | 5 |
| National Practitioner Data Bank | 5 |
| License Processing Time | 6 |
| Address Change | 6 |
| Birth Date Renewal..... | 6 |
| Practice of Medicine | 6 |
| Taxonomy Codes | 7-10 |

APPLICATION FEE

The processing fee for revival of a lapsed license is non-refundable. Please make a check in the amount of \$600.00 payable to the Commonwealth of Massachusetts. A certified check or money order is preferred, but personal checks are accepted. Applications unaccompanied by the lapsed license fee will not be processed and will be returned to the sender.

ACTIVITY STATUS

Check active or inactive. Please note, by checking *inactive* and signing the application, you are certifying that you will not practice medicine in Massachusetts.

The “practice of medicine” is defined in the Board’s regulations, in part, as 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.

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 continue to renew biennially and pay the \$400 registration fee.

Requesting a Change in Activity Status: To change your activity status between renewal cycles, you may access the Board’s website (www.massmedboard.org) and download the Request for Active Status form or Request for Inactive Status form or call (781) 876-8210.

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 reporting systems; tax default status; student loan default status; child support arrearages; Medicaid provider eligibility; possession of Massachusetts controlled substances registration; and collection of fines from Board disciplinary case. Pursuant to 42 U.S.C. § 405 (c)(2)(c)(i), (v), (vi) and M.G.L. c. 30A, § 13A, and M.G.L. c. 119A, § 16, you are required to provide this information. The Board considers this information highly confidential and it is not subject to release, except as specifically authorized.

Postgraduate Education and Hospital Appointments: Chronologically list and date all educational and professional training experience and employment from the date of graduation from medical school to the present. Account for all periods of time, whether or not you were engaged in the practice of medicine. Also enclose a copy of your updated curriculum vitae.

Medical Malpractice Insurance: Indicate whether your medical malpractice insurance is covered by an insurance carrier or letter of credit. Inactive physicians must answer this question only if they have applicable “tail” insurance. If you are an active practitioner and do not carry malpractice insurance, please explain why.

Continuing Medical Education Requirements: In the blanks provided, list the manner in which you completed your CME requirements during the past two years. Unless exempt, you must list the number of Category 1 and 2 CME credits you have completed. Licensees enrolled in residency and clinical fellowship programs are exempt from the CME requirement until the first full license renewal cycle that begins after their program has ended.

Otherwise, you must have met the basic CME requirements for the two-year period ending on the date you sign this form. A brochure with more complete information on the CME requirements is available on the Board's web site at www.massmedboard.org.

The basic CME requirement for a two (2) year cycle requires no fewer than 100 hours of CME credit with the following components:

- (a) At least 40 credit hours in Category 1 programs (the entire 100 hour requirement may be met by earning Category 1 credits);
- (b) Up to 60 credit hours in Category 2 activities;
- (c) 10 credit hours of risk management study (see below), with at least 4 hours in Category 1;
- (d) Two credit hours by studying the Board's regulations in either Category 1 or 2;
- (e) A majority of the total 100 credit hour requirement must be in the licensee's primary area(s) of practice.

"Risk management study" must include instruction in medical malpractice prevention, such as risk identification, patient safety and loss prevention, and may include instruction in any of the following areas: medical ethics, quality assurance, medical-legal issues, patient relations, utilization review that directly relates to quality assurance, non-economic aspects of practice management.

NATIONAL PRACTITIONER IDENTIFIER (NPI)

The Board of Registration in Medicine (Board) is a designated repository for the National Provider Identifier (NPI) number. The NPI is a unique identification number assigned to all health care providers. Every health care provider will be required to have an NPI for any business transaction or reimbursement with the federal government.

The "designated repository" status means that the Board can help physicians by processing a request for an NPI number on behalf of any Massachusetts physician. A physician may choose to (1) obtain his/her own NPI number, (2) have a hospital or health plan secure the number on his/her behalf, or (3) take advantage of this free service from the Massachusetts Board of Registration in Medicine by completing the NPI application included with the regular license application/renewal form that will be submitted to the Board.

The NPI will not replace the TIN (Taxpayer Identifying Number), the DEA number (Drug Enforcement Agency), and the EIN (Employer Identification number). Under the final HIPPA NPI rule, all individuals, organizations and covered providers will be required to obtain an NPI by May 23, 2007.

The NPI is a permanent identification number and

- is mandated by federal regulation
- assigned for life regardless of the number of state licenses
- required by health plans for their enrollment and reimbursement process
- will identify a provider wherever he/she provides services
- will simplify transactions, including claim submissions, and will be cost effective.

The NPI form is on page 4 of the Lapsed License Application.

SUPPLEMENT TO APPLICATION

Instructions for answering the questions on the Supplement Form are included in the application package. All of the questions on the Supplement Form must be answered “YES” or “NO.” Please be careful in matching your answers to questions, because incorrect answers will jeopardize and delay processing of your application. Pages 4-10 must be completed if you answer “YES” to any question(s).

MALPRACTICE CASES

If you have had a malpractice case brought against you in the past ten (10) years, you will need to either request that your liability carrier or your attorney forward a copy of the documents directly to the Board. If a malpractice case is open, closed or dismissed against you, your liability carrier or attorney must indicate that fact to the Board in a letter containing the claimant’s name or initials, the date of dismissal and a statement if there were no monies were paid to the Claimant on your behalf. Your liability carrier or lawyer must also provide a copy of the complaint or summons or dismissal for every malpractice case against filed against you. You must complete question #10 on the Supplement Form even if a complaint was filed against you but did not result in any action.

LEGAL ISSUES

For each criminal proceeding in which you were named a defendant, certified copies of the complaint, judgment or other disposition must be sent to the Board by your lawyer, the court or other appropriate agency. You must also provide a detailed explanation of the incident, including date, time, place, who was with you and the court action.

MALPRACTICE HISTORY FORM

If you answered “yes” to question #10-A or 10-B, you must complete the Malpractice History Form listing all of your malpractice carriers for the past ten (10) years. The original Malpractice History Form should be returned to the Board with your lapsed license application. This includes the malpractice carrier(s) in your training programs and any hospitals where you had clinical privileges. Contact the risk management office at the healthcare facility for the name and address of all the liability carriers and forward a copy of the Malpractice History Form to every liability carrier. Instruct the liability carrier to state the dates of your coverage and whether there were any cases filed against you and the monies paid on your behalf. **The liability carrier must forward the malpractice history report directly to the Board.**

AUTHORIZATION FOR RELEASE OF INFORMATION

The Authorization for Release of Information form must be completed and returned to the Board with your application.

MEDICARE/TAX FORM

All applicants for Massachusetts medical licensure must complete this form.

AMA PHYSICIAN PROFILE

You may request an AMA Physician profile on line by visiting <http://www.ama-assn.org/AMAProfiles> and your AMA profile will be sent directly to the Board, or you may contact the AMA Customer Service for ordering assistance at (800) 665-2882 or (312) 364-5199.

NATIONAL PRACTITIONER DATA BANK

To request a National Practitioner Data Bank profile, please visit <http://www.npdb.com/sqinstr-i.html> and complete the Self-Query form online. After completing the Self-Query form, you must print out a hard copy, have it notarized and forward it to the Data Bank. Please note that the date of your signature and notary date must be the same, otherwise the Self-Query form will be returned to you; delaying processing of your application. Also note that the Self-Query fee is payable by CREDIT CARD ONLY (Visa, MasterCard, Discover). Please remember to include your credit card number and expiration date on your query form.

IMPORTANT NOTE ABOUT NATIONAL PRACTITIONER DATA BANK PROFILES

When you receive your National Practitioner Data Bank profile, do not open the envelope. You must send it to the Board with your lapsed application and the accompanying documents. If the seal on the envelope is broken, the Data Bank Profile will be returned to you and you will be required to repeat the process. The National Practitioner Data Bank usually requires 4 weeks to process a new profile. If you have questions, contact the National Practitioner Data Bank at 1-800-767-6732.

LICENSE PROCESSING TIME

Do not send your lapsed application to the Board until you receive the National Practitioner Data Bank profile. The average length of time for processing a lapsed license is two weeks after receipt of all required documents. Applications that have malpractice or legal issues will require more time to process. Following approval of your application for licensure, your wallet-sized card will be mailed to you. To obtain a license for prescribing medications, you must send a copy of your Massachusetts medical license to the Drug Enforcement Administration (DEA) and to the Massachusetts Department of Public Health for controlled substance certificates. Please call the DEA at (888) 272-5174 and the Department of Public Health at (617) 983-6712 for instructions.

ADDRESS CHANGES

The Board's regulations require that you notify the Board, within 30 days, in writing, when any of your addresses change. Please note that only one address can be a post office box and it cannot be your mailing address.

BIRTH DATE RENEWAL

Renewal of your medical license will occur on your first birthday after the license issuance date, unless your birthday falls within ninety (90) days of obtaining initial licensure. If your first birthday after the issuance date falls within this time frame, you will not be required to renew your license until the following birthday. Renewals thereafter will be on a two-year birthday cycle.

PRACTICE OF MEDICINE

Please be advised that under Massachusetts law you may not practice medicine in the Massachusetts until you have received a license. The license applicant is responsible for determining that the Board has issued a license prior to practicing medicine in the Commonwealth of Massachusetts.

PLEASE MAKE A COPY OF ALL SUBMITTED FORMS FOR YOUR RECORDS.

Please include the National Practitioner Data Bank Profile with your lapsed application and mail them to Board. The Board's regulations require that you provide a copy of your completed lapsed license application and supplement to all healthcare affiliations.

Revised: 10/09/2002
7/08/2003
8/17/2005

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

CHECKLIST FOR LAPSED LICENSE APPLICATION

Before sending your lapsed license application to the Board for processing, please refer to this checklist to insure that you have provided all required documentation; otherwise, your lapsed license may be delayed.

HAVE YOU

- Downloaded and included all pages of the lapsed license application?
- Enclosed a check in the amount of \$600.00 made payable to the Commonwealth of Massachusetts?
- Read the instructions, answered every question, signed the application and Authorization for Release of Information and enclosed a check for \$600.00 made payable to the Commonwealth of Massachusetts?
- Completed and enclosed the supplemental form if you answered "yes" to any question on the supplement?
- Completed and enclosed a copy of the malpractice history report if you answered "yes" to questions #10-A or 10-B and sent a copy to your liability carriers for the past ten (10) years?
- Downloaded the National Practitioner Data Bank (NPDB) Self Query form from the NPDB website at www.npdb.com and followed the instructions for a self query? Please note that the Data Bank form must be signed in the presence of a notary public and notarized before mailing.
- Followed the instructions for requesting the American Medical Association (AMA) Profile from the website at www.ama-assn.org. The AMA Profile will be mailed directly to the Board.
- Included the unopened Data Bank profile with your lapsed application before mailing it to the Board?

IF THE SEAL ON THE DATA BANK PROFILE ENVELOPE IS BROKEN, IT WILL NOT BE ACCEPTED BY THE BOARD.

Revised: 10/07/2002

