

Commonwealth of Massachusetts Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810
www.massmedboard.org

Application to Retire from the Practice of Medicine
Board Regulation 243 CMR 2.07(7)

If you wish to retire from the practice of medicine, you must prepare a written statement, signed under the penalties of perjury, notifying the Board of your intent to retire from the practice of medicine. In this written statement, you must also detail your knowledge of any present or future complaints against you, and must agree that you will make your patient records accessible in accordance with 243 CMR 2.07(7)(b). This Board regulation provides that a retiring licensee, his successor, or his estate must retain patient records in a manner which permits his former patients and their successor physicians access to them for a minimum period of seven years, or until a child patient reaches the age of nine.

After completing this form and preparing your written statement, send this form, your written statement and your license wallet card to the Licensing Division at the above-listed address. If there are no complaints against you, the Licensing Division will complete this form, and return a copy of the form to you for your records.

Please note that retirement is a final action, meaning that you may not reactivate your license after retiring. In limited circumstances, the Board may consider a request from a retiree to reapply for a license, but only upon showing of good cause.

To be completed by the licensee - please type or print

Name: _____ Date: ____/____/____

Address: _____

License Number: _____

Signature: _____

To be completed by the Licensing Division

Board Approval Date: _____ Licensing Division Staff _____