

**COMMONWEALTH OF MASSACHUSETTS--BOARD OF REGISTRATION IN MEDICINE**

200 Harvard Mill Square, Suite 330 Wakefield, MA 01880

(781) 876-8210 - www.massmedboard.org

**TEMPORARY LICENSE CHECKLIST**

There are four (4) temporary license categories described in the instruction booklet and each category requires specific documents. Please identify the temporary license category you are requesting, and refer to the checklist below for the documents which must be completed.

- CHECK ONE:**
- Category 1 Faculty appointment at a medical school in Massachusetts.
  - Category 2 Substitute physician coverage
  - Category 3 Continuing medical education participation
  - Category 4 Visiting short-term faculty

Description	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Mail to:
Temporary License Fee - \$250.00	✓	✓	✓	✓	Board of Registration
Temporary License Application	✓	✓	✓	✓	Board of Registration
Curriculum vitae	✓	✓	✓	✓	Board of Registration
Medicare Tax Form	✓	✓	✓	✓	Board of Registration
Authorization for Release of Information	✓	✓	✓	✓	Board of Registration
Supplement Form*	✓	✓	✓	✓	Board of Registration
Medical Education	✓				Medical School
Moral and Professional Certificate	✓	✓			Board of Registration
Evaluation Form	✓	✓			Department chairman or chief at primary hospital
State License Verification	✓	✓	✓	✓	State License Board
Malpractice History**	✓	✓	✓	✓	Board of Registration
AMA Profile	✓	✓			AMA
National Practitioner Data Bank Profile	✓	✓			Data Bank
Letter from the Dean confirming faculty appointment	✓			✓	Board of Registration
Letter from applicant accepting faculty appointment	✓				Board of Registration
Letter from covering physician		✓			Board of Registration
Letter from Department Director or Chief of Service listing job responsibilities	✓				Board of Registration
Letter from Chief of Service requesting physician to participate in care of patient				✓	Board of Registration
Letter of acceptance from applicant	✓	✓	✓	✓	Board of Registration
Letter from the CME sponsor as evidence of enrollment in the CME program			✓		Board of Registration

\*Please read the instructions on the supplement form. If you answer “yes” to any of the questions on the supplement form, you will be required to provide additional information.

\*\*Complete the malpractice history form only if you have had any open, closed or dismissed malpractice cases in the past ten (10) years. Please refer to instructions, you will be required to provide additional information.