



COMMONWEALTH OF MASSACHUSETTS
560 Harrison Avenue, Suite #G-4, Boston, Massachusetts 02118 - www.massmedboard.org

INITIAL LIMITED LICENSE APPLICATION UNITED STATES AND CANADIAN GRADUATES

IMPORTANT: 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. Please do not call the Board.

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 post-graduate 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 institution 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 institution upon approval of your Limited License. You may not engage in any direct or indirect patient care until your limited 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 institution or at another training institution, 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 may be granted only in extraordinary circumstances and is subject to review by the Board.

The Limited License Application 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**), which appears immediately following **Section B**
- ◆ **Medical Education Verification** - the form must be mailed directly to your medical school.
- ◆ **State License Verification form** - for requesting verification of previous full state licenses.
- ◆ **Evaluation Form** – see instructions
- ◆ **Authorization for Release of Information must be completed and returned with your application**
- ◆ **Curriculum vitae must be included with your application.**

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 institution for completion of **Section B**. Instructions for answering specific questions are included with this package.

MEDICAL EDUCATION VERIFICATION: Send the medical education verification form to your medical school for completion. The medical education verification will be sent to you. **Do not open the envelope from your medical school with your Medical Education Verification form 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 Board will not accept it. The envelope and its contents will be returned to you and then you will be required to repeat the process.**

Transfers: If you have attended two or more medical schools, you must have each medical school verify your dates of attendance. The Medical Education Verification form can be duplicated and sent to each medical school for completion. If you have transferred from an international medical school, the dean of the medical school must complete the Medical Education Verification form.

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 department chief must complete the Evaluation Form where you had active medical staff privileges. If this is your first postgraduate training program, you do not need to complete this form. **Do not open the envelope with the Evaluation Form. If the seal on the envelope is broken, the Board will not accept it. The envelope and its contents will be returned to you and then you will be required to repeat the process.**

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. Please sign the attached State License Verification form, and send it to the appropriate state medical licensing agencies. Please make as many photocopies of this form as you need and send one to each state in which you are or have been licensed. All state license verifications from each state must be sent to the Board with your limited license application. **Do not open the envelopes with the state license verifications and inform the members of your household not to open the envelopes. If the seal on the envelope from the state Board with the license verification is broken, it will be returned to you and then you will be required to repeat the process.**

AUTHORIZATION FOR RELEASE OF INFORMATION: All applicants must sign this form and return it with the Limited License 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 institution 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 performed your undergraduate premedical training.

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

12. Completion of medical school training: If you answered yes to either of these questions, supply an explanation on a separate piece of paper.

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: TO BE COMPLETED BY THE TRAINING PROGRAM DIRECTOR

SECTION C:

The following instructions will help you answer Questions 14-35. 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.

14-A and 14-B. Non-completion, transfer or change of program: If you answered “yes” to 14-A or 14-B, attach an explanation detailing your reasons for non-completion, transfer or change of the program(s). In addition, you must request a letter from the Program Director at the training program that you did not complete, certifying the circumstances under which you left the program. This letter must be sent directly to the Board by the Program Director. If you complete 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.

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, probation while in a postgraduate training program, 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. Medical school and training program leaves and withdrawals: You must report **all** leaves of absence and withdrawals from medical school or post-graduate training programs, regardless of the reason. Provide an explanation on the supplemental pages.

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 your 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 through 35. Medical condition: “Medical condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, hearing and memory impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cerebrovascular disease, cognitive disorders, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

“Ability to practice medicine” is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments and 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, such as corrective lenses or hearing aids.

“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.

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