**LIMITED LICENSE RENEWAL**

**CHANGE OF PROGRAM APPLICATION CHECKLIST**

**All documents from primary sources must be received as indicated below. If the document must be submitted in a sealed envelope, the facility seal or signature must be on the back of the envelope. DO NOT OPEN THE ENVELOPES. Please Contact the Program Coordinator at your training program if you have any questions. This checklist should be submitted to the Board with your application.**

Applicant’s Name (Print):

 (First) (Middle) (Last)

Massachusetts Training Facility:

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| **DESCRIPTION OF DOCUMENTS REQUIRED** **TO BE INCLUDED IN YOUR INITIAL SUBMISSION** | **Applicant****Document****Checklist** | **For Board****use only** |
| **Check for $100.00*** Must be from a U.S. bank (or a U.S. money order).
* Made payable to the **Commonwealth of Massachusetts**.
* Application cannot be processed without the fee.
* Application fee is non-refundable.
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| **Change of Program Application – Section A & Section B*** All fields completed.
* All questions answered.
* *Timeline of Activities* completed, accounting for any gaps of 30 days or more since graduation from medical school.
* Application signed and dated.
* Provide explanation for “yes” answers and additional documentation in accordance with instructions.
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| **Authorization for Release of Information form*** Signed and dated.
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| **Supervisory Evaluation Form*** If your most recent clinical activity was during postgraduate training, the Evaluation must be completed by your program director.
* If your only clinical activity within the past year has been the independent practice of medicine, the Evaluation must be completed by your department chair, medical director or supervising physician.
* The Supervisory Evaluation Form must be submitted in a sealed envelope.
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Applicant’s Name (Print):

 (First) (Middle) (Last)

Massachusetts Training Facility:

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| **ALL APPLICANTS MUST PROVIDE THE FOLLOWING REQUIRED DOCUMENTS FOR ANY “YES” ANSWERS. (APPLICANTS MUST NOT OPEN ENVELOPES.)** | ApplicantDocumentChecklist | For Board use only |
| **If you ever held a full license in another state:*** State License Verifications from current and past state license boards where you have held a full license (sealed envelopes; electronically from State Board; or Veridoc)
 |  |  |
| **If you ever held a full license in any state and/or were named in a medical malpractice claim:*** Malpractice History Request Form listing ALL liability carriers with dates of coverage and policy numbers.
* Malpractice claim report(s) or letter regarding malpractice claim from the attorney or liability carrier(s);
* Copy of the complaint or claim letter; and
* If claim is closed, a copy of final judgment or other closing papers from the attorney or liability carrier(s).

Attorney or liability carrier(s) should send this information directly to the Board (sealed envelope). |  |  |
| **If you were charged with a criminal offense:*** Provide police reports and court reports from the police department or courthouse (sealed envelope).
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| **Interview** – You will be notified if a personal interview will be required. |