**ELECTRONIC HEALTH RECORDS (EHR) PROFICIENCY FORM**

Pursuant to M.G.L. c. 112, § 2, an applicant for licensure must demonstrate proficiency in the use of electronic health records (EHR). This is a one-time requirement.

***Complete Section 1 (Demonstrating Proficiency) OR Section 2 (Claiming an Exemption)***

***and Sign in Section 3.***

SECTION 1. DEMONSTRATING PROFICIENCY

1. I have demonstrated proficiency in the use of EHR in one of the following ways:

\_\_\_\_ Participation in a Meaningful Use program as an eligible professional;

\_\_\_\_ Employment with, credentialed to provide patient care at, or in a contractual agreement with an eligible hospital or critical access hospital with a CMS Meaningful Use program;

\_\_\_\_ Participation as either a Participant or an Authorized User in the Massachusetts Health Information Highway.

\_\_\_\_ Completion of 3 hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures (“CQMs”) for Meaningful Use.

SECTION 2. CLAIMING AN EXEMPTION (Exemptions must be claimed each licensing cycle, if applicable. If you are exempted from the EHR proficiency requirement, please select the appropriate exemption.)

1. I am exempt from the EHR Proficiency requirement because I am an applicant

\_\_\_\_ who will not be engaged in the practice of medicine as defined in 243 CMR 2.01(4); or

\_\_\_\_ on active duty as a member of the National Guard or of a uniformed service called into service during a national emergency or crisis.

SECTION 3. SIGNATURE

I, the undersigned applicant, hereby certify that all information included in this EHR Proficiency Form constitutes a true statement made under penalties of perjury.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_