PRINT NAME:_____ PROGRAM START DATE:_____

MEDICAL SCHOOL: _____

TRAINING PROGRAM/FACILITY:_____

**Commonwealth of Massachusetts Board of Registration in Medicine**
**200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880**
**Telephone: (781) 876-8210 Fax: (781) 876-8383**
**www.mass.gov/massmedboard**

| EMERGENCY 90 DAY LIMITED LICENSE APPLICATION | | | |
|---|---|---|---|
| **You must answer "yes" or "no" to questions #1 – 17.** | | **YES** | **NO** |
| **1.** | Have you ever been terminated, suspended or dismissed, granted a leave of absence (excluding maternity or paternity leave), not had a contract renewed, withdrawn or had to repeat a year of medical school or any post- graduate education program? | ☐ | ☐ |
| **2.** | Did you ever receive partial or no credit for a postgraduate training program? | ☐ | ☐ |
| **3.** | Have you been denied the privilege of taking or finishing an examination or been accused of or found to have cheated or engaged in improper conduct during an examination? | ☐ | ☐ |
| **4.** | Have you, for any reason, been placed on probation by any medical school or post graduate program? | ☐ | ☐ |
| **5.** | Have you ever been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure? | ☐ | ☐ |
| **6.** | Have you ever surrendered a license to practice medicine or any professional license or has your license or certificate ever been revoked? (You do not need to report a lapsed license.) | ☐ | ☐ |
| **7.** | Have you been denied American Board of Medical Specialties or American Board of Osteopathic Medicine certification or has your certification ever been suspended or revoked? | ☐ | ☐ |
| **8.** | Are there, or were there any formal disciplinary charges pending against you, or do you have knowledge of any pending or prior investigations or open complaints into your professional competence or conduct by any governmental authority, health care facility, educational organization, or other entity? | ☐ | ☐ |
| **9.** | Has your medical staff membership, medical privileges, medical staff status or association with a health care facility ever been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee, administration or governing board? | ☐ | ☐ |
| **10.** | Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied medical staff membership, advancement in medical staff status or association with a health care facility, or has such denial been recommended by a medical staff committee, administration or governing body? | ☐ | ☐ |
| **11.** | Has your privilege to manufacture, distribute, administer, possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges? | ☐ | ☐ |
| **12.** | Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider? | ☐ | ☐ |

PRINT NAME:_____ PROGRAM START DATE:_____

MEDICAL SCHOOL: _____

TRAINING PROGRAM/FACILITY:_____

| | | | |
|---|---|---|---|
| **13.** | Have you ever had an application for membership as a participating provider denied by any third-party payor, Medicare or Medicaid (any state) or have you ever been the subject of any termination, suspension or probation proceedings instituted by any third-party payor, Medicare or Medicaid (any state) or have you ever been restricted from receiving payments from any third-party payor, Medicare, Medicaid (any state)? | ☐ | ☐ |
| **14.** | Has any medical malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim?<br><br>**NOTE:** You must report any medical malpractice claims that have been made against you, even if the claim against you was dropped, dismissed, settled, adjudicated or otherwise resolved. | ☐ | ☐ |
| **15.** | Do you have a medical or physical condition that currently impairs your ability to practice medicine? | ☐ | ☐ |
| **16.** | Have you engaged in the use of any substance(s) with the result that your ability to practice medicine is currently impaired? | ☐ | ☐ |
| **17.** | Have you ever been charged with any criminal offense, other than a minor traffic offense?<br>Offense:_____ Year: ____<br>Details: | ☐ | ☐ |

## DECLARATION OF APPLICANT

Under the penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct and complete. I understand that any falsification or misrepresentation of any item on this application may be a sufficient basis for denying or revoking a license. I understand that the Board, in its sole discretion, reserves the right to revoke an Emergency 90 Day Limited License at any time, without hearing, if it determines that the Emergency Limited Licensee is not qualified or competent, or is not of good moral character. The Emergency Limited License is terminated by operation of Law 90 days after the program start date.

**SIGNATURE:**_____ **DATE:**_____