The Commonwealth of Massachusetts
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
(781) 876-8200
www.mass.gov/massmedboard

EMERGENCY TEMPORARY 90 DAY LICENSE APPLICATION FOR PHYSICIANS WHO HAVE COMPLETED TRAINING SEEKING A FULL LICENSE

ONLY PHYSICIANS WITH MASSACHUSETTS LIMITED LICENSES MAY APPLY

INSTRUCTIONS: Please complete all sections below, answering "YES" OR "NO to Questions # 1 – 19. Please e-mail the completed and signed form to the following e-mail address: temp.licenses@mass.gov.

1. Legal Name	Last	First	Middle
2. Medical School			
3. MA Postgraduate Training Program			
4. Accredited By:	AOA/ACGME	**5. Completed Postgraduate Training**	_____ Years
6. Degree Type	☐ M.D. ☐ D.O.	**7. Gender**	☐ Male ☐ Female
8. Date of Birth	_____ / _____ / _____ Month Day Year	**9. Social Security Number (Last 4)**	
10. Mailing Address	Number and Street		
	City	State/Province/Territory	Zip (or postal) Code
11. Telephone Numbers	Home #	Cell #	
12. E-mail Address (will be used for correspondence)			

You must answer "yes" or "no" to questions #1 – 19.		YES	NO
1.	Have you ever been terminated, suspended or dismissed, granted a leave of absence, not had a contract renewed, withdrawn or had to repeat a year of medical school or any post- graduate education program, or received partial or no credit for a postgraduate training program? a). If you answered "yes" to Question #1 based solely on a leave of absence from either a medical school or postgraduate training program, was your leave of absence the result of participation in a MD/PhD program or other joint degree program; research program; or public service? Describe briefly: b). If you answered "yes" to Question #1based solely on a leave of absence from either a medical school or postgraduate training program, based on a medical leave or any other personal reason, please provide a brief description:	☐	☐
2.	Were any limitation or special requirements imposed on you, because of questions of competency or disciplinary problems?	☐	☐
3.	Have you, for any reason, been placed on probation by any medical school or postgraduate program?	☐	☐
4.	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?	☐	☐
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	Have you ever been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?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 investigation or open complaints into your professional competence or conduct by any governmental authority, health care facility, educational organization, or other entity?	☐	☐
9.	Since your completion of postgraduate training, have you taken a leave of absence from any healthcare facility, group practice or employer, for reasons related to your competency to practice medicine?	☐	☐

10.	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?	☐	☐
11.	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?	☐	☐
12.	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?	☐	☐
13.	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?	☐	☐
14.	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)?	☐	☐
15.	Has any medical malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim? **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.	☐	☐
16.	Do you have a medical or physical condition that currently impairs your ability to practice medicine?	☐	☐
17.	Have you engaged in the use of any substance(s) with the result that your ability to practice medicine is currently impaired?	☐	☐
18.	Did you achieve a passing score on each of Step I, Step II CK, Step II CS and Step III of the USMLE, or receive a passing score on each of the three levels of NBME COMPLEX exam(s) within a seven-year time period (beginning with the examination date when the examinee first passes any part of either exam)?	☐	☐
19.	Have you ever been charged with any criminal offense, other than a minor traffic offense? Offense:_____ Year: ____ 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 License at any time, without hearing, if it determines that the Emergency Licensee is not qualified or competent, or is not of good moral character.

If I am applying as a Fellow, I will only serve in the specialty that I have completed training in, within the hospital system.

SIGNATURE: _____ DATE: _____

APPLICANT QUALIFICATION REQUIREMENTS

Applicants must currently hold an active Massachusetts Limited Medical License in good standing.

Graduates of medical schools in the United States, Canada and the Commonwealth of Puerto Rico must have completed two (2) years of postgraduate medical training in an Accredited Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved, or accredited Canadian program. In the case of sub-specialty clinical fellowship programs, the Board may accept postgraduate training in a hospital that has an ACGME or AOA approved, or accredited Canadian, postgraduate medical training program in the primary specialty.

All international medical graduates currently practicing in a United States jurisdiction under a limited license must have successfully completed at least two years of postgraduate medical training in a program approved by the Accredited Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or in an accredited Canadian postgraduate training program shall be eligible for licensure.