

The Commonwealth of Massachusetts Board of Registration in Medicine

178 Albion Street, Suite 330
Wakefield, MA 01880
(781) 876-8200

www.mass.gov/massmedboard

EMERGENCY TEMPORARY LICENSE

Pursuant to Public Health Emergency Order 2022-09

INSTRUCTIONS: To qualify for an Emergency Temporary License, a physician must hold an active full, unlimited and unrestricted medical license in good standing in another U.S. state/territory/district and provide services in Massachusetts within a facility licensed or operated by the Department or another state agency, or in another location if approved by the Commissioner. Please complete all sections below and e-mail the completed, signed form to the following e-mail address: emergency.medical.license@mass.gov

1. Legal Name	Last	First	Middle	Suffix
2. Medical School				
3. Degree Type	<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.	4. Graduation Date	____/____/____ Month Day Year	
5. Social Security Number (Last 4)		6. Date of Birth	____/____/____ Month Day Year	
7. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	8. Contact Number		
9. Mailing Address	Number and Street			
	City	State/Province/Territory	Zip (or postal) Code	
10. E-mail Address (will be used for correspondence)				

U.S. MEDICAL LICENSURE

I am qualified for an Emergency Temporary License in Massachusetts due to the fact that I currently hold an active full, unlimited and unrestricted medical license in the following U.S. state/territory/district: _____ .
(If licensed in multiple jurisdictions, please list just one.)

MASSACHUSETTS FACILITY

I have made arrangements to provide services in Massachusetts within the following facility licensed or operated by the Department or another state agency, or in another location if approved by the Commissioner.

Name and address of Facility: _____

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 I may only provide services in Massachusetts within a facility licensed or operated by the Department or another state agency, or in another location if approved by the Commissioner. I understand that any falsification or misrepresentation of any item on this application may be a sufficient basis for denying or terminating the emergency license.

SIGNATURE: _____ **DATE:** _____

Applicants will receive confirmation via e-mail that the Emergency Temporary License has been issued. Emergency Temporary Licenses pursuant to Public Health Emergency Order 2022-09 are valid until June 30th, 2022 unless extended or rescinded by the Commissioner prior to that date, or the public health emergency is terminated by the Governor, whichever shall happen first.