



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Request for Extension

Name:

License No.:

Docket No.:

Licensure Condition that is the subject of this request:	Date originally due
<input type="checkbox"/> Submission of proof of completion of continuing education on the topic(s): 1. 2. 3. (If more than 3 continuing education courses, please specify the topic and date due on a separate sheet of paper and submit with this form.)	1. 2. 3. 4.
<input type="checkbox"/> Submission of proof of completion of continuing education for prior renewal cycles	
<input type="checkbox"/> Submission of CE course descriptions for pre-approval	
Obtain employment that will qualify to fulfill the minimum period of supervised professional practice.	
<input type="checkbox"/> I am not currently practicing in my profession, but I am actively seeking a job.	
<input type="checkbox"/> I am not currently practicing in my profession, and I am currently unable to actively look for work. (Explain below)	
<input type="checkbox"/> I obtained qualified employment after the Effective Date of Probation. I am requesting the extension to complete the minimum period of "active practice" for my Probationary Period.	
<input type="checkbox"/> Supervisor's submission of Verification Form (Form 1)	
<input type="checkbox"/> Supervisor's submission of periodic report (Form 2)	
<input type="checkbox"/> Evaluation/report from: <input type="checkbox"/> Medical provider <input type="checkbox"/> Mental health provider	

<input type="checkbox"/> Submission of proof of compliance with Plan of Correction	
<input type="checkbox"/> Submission of updated Policies and Procedures	
<input type="checkbox"/> Proof of completion of reporting requirements: <input type="checkbox"/> Notify other jurisdictions of discipline <input type="checkbox"/> Medical Error Report (MER) to ISMP	
<input type="checkbox"/> Enrollment with DTMC for urine screens	
<input type="checkbox"/> Successful completion of examination requirement: <input type="checkbox"/> Multistate Pharmacy Jurisprudence Exam <input type="checkbox"/> Massachusetts Dental Ethics and Jurisprudence Exam	
<input type="checkbox"/> Submission of spore testing results	

<input type="checkbox"/> Other:	
---------------------------------	--

(If more space is needed, please write topic and date due on a separate sheet of paper and submit with this form.)

Please explain the reason(s) why you are requesting this extension:

Additional request(s) for extension *may be* allowed. However, such request(s) must be made prior to the expiration date of the previous extension granted.

I understand and agree that as a condition of granting this request, the Board may extend the minimum period during which my license is on a restricted status as necessary to accommodate the request.

Signature

Date

To submit this form for consideration, please send completed and signed forms to the attention of Karen Fishman via:

1. Email (scanned with signature appearing on the form): Karen.L.Fishman@mass.gov

2. Confidential Fax: (617) 973 – 0983

3. Mail: Probation Department Coordinator
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street Boston, MA 02108-4619

4. Questions: Contact Karen Fishman at (617) 519-4797

Request for Extension

Revised January 2023, August 2023, March 2024