Massachusetts Board of Registration in Medicine

Physician Online License Management System

Physician Limited License
Email NOTIFICATIONS

April 2024

Table of Contents

[Initial Application Started 2](#_Toc125972998)

[Renewal Application Started 3](#_Toc125972999)

[Renewal with Change of Program Application Started 4](#_Toc125973000)

[Initial Application Submitted to Facility 5](#_Toc125973001)

[Initial Application Submitted to BORIM 6](#_Toc125973002)

[Renewal Application Submitted to Facility 7](#_Toc125973003)

[Renewal Application Submitted to BORIM 8](#_Toc125973004)

[Renewal with Change of Program Application Submitted to Facility 9](#_Toc125973005)

[Renewal with Change of Program Application Submitted to BORIM 10](#_Toc125973006)

[Initial Application Approved 11](#_Toc125973007)

[Renewal Application Approved 13](#_Toc125973008)

[Renewal with Change of Program Application Approved 14](#_Toc125973009)

[Initial Application Reopen to Applicant 15](#_Toc125973010)

[Initial Application Reopen to Facility 16](#_Toc125973011)

[Renewal Application Reopen to Applicant 17](#_Toc125973012)

[Renewal Application Reopen to Facility 18](#_Toc125973013)

[Change of Program Application Reopen to Applicant 19](#_Toc125973014)

[Change of Program Application Reopen to Facility 20](#_Toc125973015)

[Missing Documents Notice 21](#_Toc125973016)

[Renewal Reminder 22](#_Toc125973017)

[Expired License Notice 23](#_Toc125973018)

[Limited License Application Invitation 24](#_Toc125973019)

# Initial Application Started

**Description:** Email to be sent when someone starts an application.

**Email** **Subject:** BORIM Physician Limited License Application - Application Started

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION STARTED**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your application for an initial Physician Limited License has been started.

Sincerely,
The Massachusetts Board of Registration in Medicine

# Renewal Application Started

**Description:** Email to be sent when someone starts an application.

**Email** **Subject:** BORIM Physician Limited License Application - Application Started

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION STARTED**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your renewal application for a Physician Limited License has been started.

Sincerely,
The Massachusetts Board of Registration in Medicine

# Renewal with Change of Program Application Started

**Description:** Email to be sent when someone starts an application.

**Email** **Subject:** BORIM Physician Limited License Application - Application Started

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION STARTED**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your new program has initiated a Renewal with Change of Program Physician Limited License application for you in the (href="https://www.massmedicalboard.com") BORIM Physician License Management System. On your first visit to our new system, you will need to create a new user account and link this account to your existing license.

For more information regarding the renewal process or requirements, please review the Board's Guidance on Renewals available here: https://www.mass.gov/how-to/renew-my-physician-limited-license-change-of-program. There are also tutorial videos on the renewal process, and how to create a new account and link your license.

Sincerely,
The Massachusetts Board of Registration in Medicine

# Initial Application Submitted to Facility

**Description:** Email to be sent when someone submits an application to their facility.

**Email** **Subject:** BORIM Physician Limited License Application - Application Submitted

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION SUBMITTED TO FACILITY**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your application for an initial Physician Limited License has been submitted to your training facility/institution. To review your submitted application or check the status of your application, please log into your application on the (href="https://www.massmedicalboard.com") BORIM Physician License Management System

Please ensure all required documentation from any third party, such as the Supervisory Evaluation and Moral and Professional Character Form, has been completed

Sincerely,

The Massachusetts Board of Registration in Medicine

# Initial Application Submitted to BORIM

**Description:** Email to be sent when someone submits an application to BORIM.

**Email** **Subject:** BORIM Physician Limited License Application - Application Submitted

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION SUBMITTED**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your application for an initial Physician Limited License has been submitted to the Board of Registration in Medicine. To review your submitted application or check the status of your application, please log into your application on the (href="https://www.massmedicalboard.com") BORIM Physician License Management System.

Your application will now begin the review process. A licensing analyst has been assigned to your application and will contact you and your training program if further information is required.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Renewal Application Submitted to Facility

**Description:** Email to be sent when someone submits an application to their facility.

**Email** **Subject:** BORIM Physician Limited License Application - Application Submitted

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION SUBMITTED TO FACILITY**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your renewal application for a Physician Limited License has been submitted to your training facility/institution. To review your submitted application or check the status of your application, please log into your application on the (href="https://www.massmedicalboard.com") BORIM Physician License Management System

Please ensure all required documentation from any third party, such as the Supervisory Evaluation and Moral and Professional Character Form, has been completed.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Renewal Application Submitted to BORIM

**Description:** Email to be sent when someone submits an application to BORIM.

**Email** **Subject:** BORIM Physician Limited License Application - Application Submitted

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION SUBMITTED**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your renewal application for a Physician Limited License has been submitted to the Board of Registration in Medicine. To review your submitted application or check the status of your application, please log into your application on the (href="https://www.massmedicalboard.com") BORIM Physician License Management System.

Your application will now begin the review process. A licensing analyst has been assigned to your application and will contact you and your training program if further information is required.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Renewal with Change of Program Application Submitted to Facility

**Description:** Email to be sent when someone submits an application to their facility.

**Email** **Subject:** BORIM Physician Limited License Application - Application Submitted

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION SUBMITTED TO FACILITY**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your Renewal with Change of Program application for a Physician Limited License has been submitted to your training facility/institution. To review your submitted application or check the status of your application, please log into your application on the (href="https://www.massmedicalboard.com") BORIM Physician License Management System

Please ensure all required documentation from any third party, such as the Supervisory Evaluation and Moral and Professional Character Form, has been.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Renewal with Change of Program Application Submitted to BORIM

**Description:** Email to be sent when someone submits an application to BORIM.

**Email** **Subject:** BORIM Physician Limited License Application - Application Submitted

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **APPLICATION SUBMITTED**

#{today}

Application Number: {applicationNumber}

Dear {firstName} {lastName}:

Your Renewal with Change of Program application for a Physician Limited License has been submitted to the Board of Registration in Medicine. To review your submitted application or check the status of your application, please log into your application on the (href="https://www.massmedicalboard.com") BORIM Physician License Management System.

Your application will now begin the review process. A licensing analyst has been assigned to your application and will contact you and your training program if further information is required.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Initial Application Approved

**Description:** Email to be sent when someone's initial application is approved.

**Email** **Subject:** Application Approved

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781) 876-8383

 **APPLICATION APPROVED**

{today}

License Number: {licenseNumber}

Dear {firstName} {lastName}:

Congratulations on being granted a license to practice medicine in the Commonwealth of Massachusetts. Your license certificate is attached to this email. Your license is active from {startDate} to {expirationDate}.

You must submit a complete renewal application prior to the expiration date for your license to remain active. Once you have renewed your license for the first time, it will be valid for a full year period.

You will utilize the [BORIM Physician License Management System](https://medboard.mass.gov/)to renew your license. You will receive notification and a link to complete your renewal application 180 days prior to your license expiration date.

You will sign into the system using the same username and password that was created at the time you completed the initial limited license application.

Sincerely,
The Massachusetts Board of Registration in Medicine

# Renewal Application Approved

**Description:** Email to be sent when someone's renewal application is approved.

**Email** **Subject:** Application Approved

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781) 876-8383

 **APPLICATION APPROVED**

{today}

License Number: {licenseNumber}

Dear {firstName} {lastName}:

Your renewal application for your Physician Limited License has been approved. Your license certificate is attached to this email. Your license is active from {startDate} to {expirationDate}. You may login to the [BORIM License Management System](file:///C%3A%5CUsers%5Cmpoussard%5CDocuments%5CBORIM%5CLimited-email%5Chttps%5C%3Amedboard.mass.gov) at any time to obtain a copy of your renewal application, payment receipt and wallet card.

Please note that you must complete a renewal application for your license prior to the expiration date for your license to remain current.

Sincerely,
The Massachusetts Board of Registration in Medicine

# Renewal with Change of Program Application Approved

**Description:** Email to be sent when someone's renewal with change of program application is approved.

**Email** **Subject:** Application Approved

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781) 876-8383

 **APPLICATION APPROVED**

{today}

License Number: {licenseNumber}

Dear {firstName} {lastName}:

Your Renewal with Change of Program application for your Physician Limited License has been approved. Your license certificate is attached to this email. Your license is active from {startDate} to {expirationDate}. You may login to the [BORIM License Management System](file:///C%3A%5CUsers%5Cmpoussard%5CDocuments%5CBORIM%5CLimited-email%5Chttps%5C%3Amedboard.mass.gov) at any time to obtain a copy of your renewal application, payment receipt and wallet card.

Please note that you must complete a renewal application for your license prior to the expiration date for your license to remain current.

Sincerely,
The Massachusetts Board of Registration in Medicine

# Initial Application Reopen to Applicant

**Description:** Email to be sent when someone's application is reopened to them.

**Email** **Subject:** BORIM Initial Physician Limited License Application - MISSING ITEMS NOTICE

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

**MISSING APPLICATION ITEMS NOTICE**

#{today}

Application Number: #{entityData.applicationNumber}

Dear #{user.firstName} #{user.lastName}:

Your application for an initial Physician Limited License has been sent back to you for edits the following reason(s). Please carefully review the list of items below that are required to complete your license application.

entityData.reopenReasons

Detailed Instructions: #{entityData.reopenedReasonComment}

Please log into your application on the BORIM Physician License Management System and review the "Detailed Instructions" to understand what additional information is required to continue the review of your application.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Initial Application Reopen to Facility

**Description:** Email to be sent when someone's application is reopened to their training program.

**Email** **Subject:** BORIM Initial Physician Limited License Application - MISSING ITEMS NOTICE

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

**MISSING APPLICATION ITEMS NOTICE**

#{today}

Application Number: #{entityData.applicationNumber}

Dear #{user.firstName} #{user.lastName}:

Your application for an initial Physician Limited License has been sent back to your training program for edits the following reason(s). Please carefully review the list of items below that are required to complete your license application.

entityData.reopenReasons

Detailed Instructions: #{entityData.reopenedReasonComment}

Sincerely,

The Massachusetts Board of Registration in Medicine

# Renewal Application Reopen to Applicant

**Description:** Email to be sent when someone's application is reopened to them.

**Email** **Subject:** BORIM Initial Physician Limited License Application - MISSING ITEMS NOTICE

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

**MISSING APPLICATION ITEMS NOTICE**

#{today}

Application Number: #{entityData.applicationNumber}

Dear #{user.firstName} #{user.lastName}:

Your renewal application for a Physician Limited License has been sent back to you for edits the following reason(s). Please carefully review the list of items below that are required to complete your renewal application.

entityData.reopenReasons

Detailed Instructions: #{entityData.reopenedReasonComment}

Please log into your application on the BORIM Physician License Management System and review the "Detailed Instructions" to understand what additional information is required to continue the review of your application.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Renewal Application Reopen to Facility

**Description:** Email to be sent when someone's application is reopened to their training program.

**Email** **Subject:** BORIM Initial Physician Limited License Application - MISSING ITEMS NOTICE

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

**MISSING APPLICATION ITEMS NOTICE**

#{today}

Application Number: #{entityData.applicationNumber}

Dear #{user.firstName} #{user.lastName}:

Your renewal application for a Physician Limited License has been sent back to your training program for edits the following reason(s). Please carefully review the list of items below that are required to complete your renewal application.

entityData.reopenReasons

Detailed Instructions: #{entityData.reopenedReasonComment}

Sincerely,

The Massachusetts Board of Registration in Medicine

# Change of Program Application Reopen to Applicant

**Description:** Email to be sent when someone's application is reopened to them.

**Email** **Subject:** BORIM Initial Physician Limited License Application - MISSING ITEMS NOTICE

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

**MISSING APPLICATION ITEMS NOTICE**

#{today}

Application Number: #{entityData.applicationNumber}

Dear #{user.firstName} #{user.lastName}:

Your Renewal with Change of Program application for a Physician Limited License has been sent back to you for edits the following reason(s). Please carefully review the list of items below that are required to complete your renewal application.

entityData.reopenReasons

Detailed Instructions: #{entityData.reopenedReasonComment}

Please log into your application on the BORIM Physician License Management System and review the "Detailed Instructions" to understand what additional information is required to continue the review of your application.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Change of Program Application Reopen to Facility

**Description:** Email to be sent when someone's application is reopened to their training program.

**Email** **Subject:** BORIM Initial Physician Limited License Application - MISSING ITEMS NOTICE

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

**MISSING APPLICATION ITEMS NOTICE**

#{today}

Application Number: #{entityData.applicationNumber}

Dear #{user.firstName} #{user.lastName}:

Your Renewal with Change of Program application for a Physician Limited License has been sent back to your training program for edits the following reason(s). Please carefully review the list of items below that are required to complete your renewal application.

entityData.reopenReasons

Detailed Instructions: #{entityData.reopenedReasonComment}

Sincerely,

The Massachusetts Board of Registration in Medicine

# Missing Documents Notice

**Description:** Email to be using the notification feature if an application needs to be notified about missing third party documents.

**Email** **Subject:** BORIM Physician Limited License Application - MISSING DOCUMENTS NOTICE

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781)876-8383

 **MISSING DOCUMENTS NOTICE**

#{today}

Application Number: #{entityData.applicationNumber}

Dear #{user.firstName} #{user.lastName}:

Please carefully review the list of items below that are required to complete your Physician Limited License application.

Your license application is not complete until all required documents are received, and this will result in delaying the processing of your license application.

 ENTER MISSING ITEMS HERE

Sincerely,

The Massachusetts Board of Registration in Medicine'

# Renewal Reminder without User Account

**Threshold(s) (days before expiration):** 180, 60,30,15,1,0

**Description:** Email to be sent when someone's License expiration date is approaching.

**Email** **Subject:** License Expiration Date Approaching

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781) 876-8383

RENEWAL NOTICE

#{today}

License Number: #{entityData.licenseNumber}

Dear Dr. {lastname}

Your license is due to expire on #{entityData.expirationDate.toLocaleDateString("en-US", { year: 'numeric', month: 'long', day: 'numeric' })}. Your renewal application is now available in the BORIM License Management System at [https://medboard.mass.gov](https://medboard.mass.gov/).

On your first visit to our new system, you will need to create a new user account and link this account to your existing Physician Limited License. Video tutorials on creating an account and linking your license can be found [here](https://www.mass.gov/how-to/apply-for-my-physician-limited-license).

For your license to remain current, you must submit a renewal application prior to when your license will expire. You are required to update any information that has changed.

For questions regarding your renewal application, please contact your Program's/Facility's Graduate Medical Education or Medical Staff Office directly. Please disregard this notice if you will not be renewing, or will be renewing with a change of program which is a separate application initiated by your new program.

For more information regarding the renewal process or requirements, please review the Board's Guidance on Limited License Renewals available at <https://www.mass.gov/how-to/renew-my-physician-limited-license-same-program>.  There are also tutorial videos on the renewal process, and how to create a new account and link your license.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Renewal Reminder with User Account

**Threshold(s) (days before expiration):** 180, 60,30,15,1,0

**Description:** Email to be sent when someone's License expiration date is approaching.

**Email** **Subject:** License Expiration Date Approaching

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781) 876-8383

RENEWAL NOTICE

#{today}

License Number: #{entityData.licenseNumber}

Dear Dr. {lastname}

Your license is due to expire on #{entityData.expirationDate.toLocaleDateString("en-US", { year: 'numeric', month: 'long', day: 'numeric' })}. Your renewal application is now available in the BORIM License Management System at [https://medboard.mass.gov](https://medboard.mass.gov/).

Your username is #{username}. You will need to login to the system with this user account to renew your license. If you forgot the password for this account you can reset your password using the forgot password option on the login page by entering your email address associated to the account (#{emailAddress}). A video tutorial on resetting your password can be found [here](https://vimeo.com/755768543/e46a50466d).

For your license to remain current, you must submit a renewal application prior to when your license will expire. You are required to update any information that has changed.

For questions regarding your renewal application, please contact your Program's/Facility's Graduate Medical Education or Medical Staff Office directly. Please disregard this notice if you will not be renewing, or will be renewing with a change of program which is a separate application initiated by your new program.

For more information regarding the renewal process or requirements, please review the Board's Guidance on Limited License Renewals available at <https://www.mass.gov/how-to/renew-my-physician-limited-license-same-program>.  There are also tutorial videos on the renewal process, and how to create a new account and link your license.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Expired Limited License Notice

**Description**: Email to be sent when someone's License expiration date has passed.

**Email** **Subject**: License Expiration Date Approaching

**Email** **Body**:

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781) 876-8383


EXPIRED LIMITED LICENSE NOTICE



{today}

License Number: {licenseNumber}

Dear Dr. {lastname}

Your Physician Limited License to practice medicine in the Commonwealth of Massachusetts expired on {expirationDate}. You may not engage in the practice of medicine in the Commonwealth of Massachusetts while your license is expired.

If you wish to renew your limited license, please contact your Program's/Facility's Graduate Medical Education or Medical Staff Office directly.

Sincerely,

The Massachusetts Board of Registration in Medicine

# Limited License Application Invitation

**Description:** Email Sent when Training Facility Enroll an Applicant

**Email** **Subject:** Massachusetts Board of Medicine - Online Limited License Application Invitation

**Email** **Body:**

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
178 Albion Street, Suite 330, Wakefield, MA 01880
Fax#: (781) 876-8383

ONLINE LIMITED LICENSE APPLICATION INVITATION

#{today}

#{facilityData.name}

Dear #{entityData.firstName} #{entityData.lastName},

Please begin the Physician Limited License application process immediately to ensure that your Limited License can be processed and approved in a timely fashion. You cannot practice medicine in Massachusetts without a license.

To apply for your Physician Limited License online, go to the Board's License Management System website at [www.mass.gov/massmedboard](https://medboardelx.mass.gov/www.mass.gov/massmedboard). Before you can apply for your license, you must first register using the information below. You only have to register with the licensing website once. During the registration process, you will be asked to choose a username and password. After you have registered, you will only have to use your username and password to access the Licensing website.

Required Information: Before you begin, please have available any information relating to any new or pending malpractice suits, disciplinary actions or criminal charges against you.

AFTER YOU HAVE COMPLETED YOUR LIMITED LICENSE APPLICATION, PLEASE MAKE A COPY OF THE FEE PAYMENT RECEIPT (IF APPLICABLE) AND YOUR LIMITED LICENSE APPLICATION

You will need to enter the following information to register on the website:

* Last Name: #{entityData.lastName}
* First Name: #{entityData.firstName}
* Activation Code: #{entityData.invitationCode}

If the name listed above is not accurate, please inform the training facility administrator that the name is inaccurate and have the administrator correct the name and regenerate this letter. You must register on the Licensing website using the exact spelling of the name listed above.

Sincerely,

The Massachusetts Board of Registration in Medicine