**LIMITED LICENSE RENEWAL APPLICATION CHECKLIST**

**All documents from primary sources must be received as indicated below. If the document must be submitted in a sealed envelope, the facility seal or signature must be on the back of the envelope. DO NOT OPEN THE ENVELOPES. Please Contact the Program Coordinator at your training program if you have any questions. This checklist should be submitted to the Board with your application.**

Applicant’s Name (Print):

 (First) (Middle) (Last)

Massachusetts Training Facility:

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| **DESCRIPTION OF DOCUMENTS REQUIRED****TO BE INCLUDED IN YOUR INITIAL SUBMISSION** | **Applicant****Document****Checklist** | **For****Board****use only** |
| **Check for $100.00*** Must be from a U.S. bank (or a U.S. money order).
* Made payable to the **Commonwealth of Massachusetts**.
* Application cannot be processed without the fee.
* Application fee is non-refundable.
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| **Limited License Application – Sections A, B & C** * All fields completed.
* All questions answered.
* Application signed and dated.
* Provide explanation for “yes” answers and additional documentation in accordance with instructions.
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Applicant’s Name (Print):

 (First) (Middle) (Last)

Massachusetts Training Facility:

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| **ALL APPLICANTS MUST PROVIDE THE FOLLOWING REQUIRED DOCUMENTS FOR ANY “YES” ANSWERS. (APPLICANTS MUST NOT OPEN ENVELOPES.)** | ApplicantDocumentChecklist | For Boarduse only |
| **If you ever held a full license in another state:*** State License Verifications from current and past state license boards where you have held a full license (sealed envelopes; electronically from State Board; or Veridoc)
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| **If you ever held a full license in any state and/or were named in a medical malpractice claim:*** Malpractice History Request Form listing ALL liability carriers with dates of coverage and policy numbers.
* Malpractice claim report(s) or letter regarding malpractice claim from the attorney or liability carrier(s);
* Copy of the complaint or claim letter; and
* If claim is closed, a copy of final judgment or other closing papers from the attorney or liability carrier(s).

Attorney or liability carrier(s) should send this information directly to the Board (sealed envelope). |  |  |
| **If you were named in a malpractice claim, were placed on probation or received negative reports in your training program since your last renewal:** * Supervisory Evaluation Form from current Program Director
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| **If you were charged with a criminal offense:*** Provide police reports and court reports from the police department or courthouse (sealed envelope).
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| **Interview** – You will be notified if a personal interview will be required. |