Commonwealth of Massachusetts
Board of Registration in Medicine
178 Albion Street, Suite 330 – Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

PLLN100001

MEDICAL EDUCATION VERIFICATION – FORM B

The Board will not issue a limited license to practice in Massachusetts until verification has been received directly from the medical school that the applicant has satisfactorily completed all degree requirements.

Applicants who are fourth year medical school students and who have completed the requirements for the M.D./D.O. degree, but have not yet been awarded the degree are also required to have this form completed by their medical school once they have been awarded their degree.

MEDICAL SCHOOL SECTION

INSTRUCTIONS:

- Form B is to be completed after the student has satisfactorily completed all degree requirements.
- Form B should be signed by the appropriate certifying official and returned directly to the Board by mail at the above listed address, via email at: FormB@mass.gov, or by fax at: 781-876-8383.

This certifies that Alexa Checkey, M.D. _____
(Name of Student)

Has completed the requirements for the ☐ M.D. degree ☐ D.O. degree

from _____
(Name of Medical School)

and will receive the degree on _____/_____/_____ .

CERTIFYING OFFICIAL SIGNATURE

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Signature: _____

Print Name: _____

Official Title: _____

Date: _____/_____/_____