**Commonwealth of Massachusetts Board of Registration in Medicine**

**200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880**

**Telephone: (781) 876-8210 Fax: (781) 876-8383**

[**www.mass.gov/massmedboard**](http://www.mass.gov/massmedboard)

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| **EMERGENCY TEMPORARY LICENSE APPLICATION** | | | | |
| **INSTRUCTIONS: In order to qualify for an Emergency Temporary License, a physician must hold an active full, unlimited and unrestricted medical license in another U.S. state/territory/district.**  **Please complete all sections below and e-mail the completed, signed form to the following e-mail address:** [**emergency.medical.license@mass.gov**](mailto:emergency.medical.license@mass.gov) | | | | |
| 1. **Legal Name** | **Last First Middle Suffix** | | | |
| 1. **Medical School** |  | | | |
| 1. **Degree Type** | M.D.  D.O. | 1. **Graduation Date** | | \_\_\_\_\_\_ /\_\_\_\_\_\_\_  Month Year |
| 1. **Social Security Number** |  | 1. **NPI Number** | |  |
| 1. **Date of Birth** | \_\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_  Month Day Year | 1. **Gender** | | Male  Female |
| 1. **Mailing Address** | **Number and Street** | | | |
| **City State/Province/Territory Zip (or postal) Code** | | | |
| 1. **Telephone Numbers** | **Home #** | | **Cell #** | |
| 1. **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 good standing in the following U.S. state/territory/district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *(If licensed in multiple jurisdictions, please list your primary jurisdiction.)* | | | | |
| **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 any falsification or misrepresentation of any item on this application may be a sufficient basis for denying or revoking a license.  **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Applicants will receive confirmation via e-mail that the Emergency Temporary License has been issued.**  **Emergency Temporary Licenses are valid for the duration of Executive Order No. 591, Declaration of a State of Emergency to Respond to COVID-19, and will be valid until Executive Order No. 591 is rescinded by the Governor or until the State of Emergency is terminated, whichever occurs first.** | | | | |