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

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[**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** |
| 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No. 591, Declaration of a State of Emergency to Respond to COVID-19, and will be valid until Executive Order No. 591 is rescinded by the Governor or until the State of Emergency is terminated, whichever occurs first.** |