



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD,
PhD Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Request for Accommodation for Medical Incapacity

Name:
License No.:
Docket No.:

I am requesting that the Board consider an accommodation on the basis of my medical incapacity with respect to the requirements I am obligated to fulfill pursuant to the probation of my license.

I am unable to fulfill the requirements of my probation due to the following medical condition(s):

I expect that I will:

- ☐ never be able to return to practice as a result of my condition(s).
- ☐ be able to fulfill the requirements of my probation and return to practice at some point in the future.

IMPORTANT: In order for the Board to consider this request, you must provide a letter from your physician that supports your claim of medical incapacity. The letter must include the following information:

- (1) Whether the physician has reviewed the agreement or order that contains the terms of my probation;
- (2) Whether the physician is of the opinion that I am able or unable to fulfill the probation requirements due to one or more medical conditions;
- (3) If the physician is of the opinion that you are unable to fulfill the probation requirements due to one or more medical conditions,
 - a. The diagnosis and prognosis for each such condition;
 - b. Whether you are capable of safely practicing your profession;
 - c. Whether you are expected to recover sufficiently to be able to practice safely and fulfill the requirements of your probation in the future, with an estimated date

I have supplied a letter from my physician in accordance with the instructions above.

Signature

Date

To submit this form for consideration, please send complete and signed forms to the attention of Karen Fishman by:

- 1. Email:** karen.l.fishman@state.ma.us (must be a scanned copy with signature appearing on the form):
- 2. Fax:** (617) 973 – 0983
- 3. Mail:** Probation Department Coordinator
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