**Commonwealth of Massachusetts**

**Board of Registration in Medicine**

**178 Albion Street, Suite 330, Wakefield, MA 01880**

**(781) 876-8210**

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

# Application to Retire from the Practice of Medicine

**Board Regulation 243 CMR 2.06(4)**

If you wish to have your status with the Board changed to retired, please complete this application and return it to the Licensing Division at the address above**.** Once your application is approved, a confirmation will be sent to you at the address below.

***To be completed by the licensee--please type or print.***

Name: [ ]  M.D. [ ]  D.O. License #:

Mailing Address:

Email Address:

**You must confirm your agreement to each statement below with a checkmark**:

[ ]  I am not aware of any open or reasonably anticipated complaints to the Board against me.

[ ]  I agree to make my patient records accessible in accordance with 243 CMR 2.07(13).[[1]](#footnote-1)

 If not applicable, please state the reason below.

[ ]  I agree that my retirement status will become effective on the date this application is approved, which may be prior to my expiration date.

Signed under the penalties of perjury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*To be completed by the Licensing Division*

No open complaints [ ]  Board Approval Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Licensing Division Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A retiring licensee, his successor, or his estate must retain patient records in a manner which permits his former patients and their successor physicians access to them for a minimum period of seven years from the date of the last patient encounter, or until a child patient reaches the age of 18, whichever is the longer retention period. [↑](#footnote-ref-1)