


Board of Registration in Medicine

EDWARD F. DRISCOLL, M.D.  
Registration No. 42830

1. I desire to resign my inchoate right to renew my license to practice medicine in the Commonwealth of Massachusetts pursuant to the terms of 243 CMR 1.05(5)(a).
2. I tender this resignation voluntarily.
3. I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.
4. I will resign any other licenses contemporaneously with my resignation in Massachusetts, and I will make no attempt to seek licensure elsewhere.
5. I understand that my resignation is a disciplinary action that is reportable to any national data reporting agency, pursuant to G.L. c. 112, § 2.

  
Edward F. Driscoll, M.D.

Dated: 5/19/2021

Susanne Barrows  
Notary Public  
My Commission Expires:

