The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
100 Cambridge Street, 19th Floor, Boston, MA 02114-2509
(617) 624-6000 | mass.gov/DPH

Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

Kiame Mahaniah, MD, MBA
Secretary

Robert Goldstein, MD, PhD
Commissioner

Application for "Retired" License Status

Name:		Profession:	
Address:		License No:	
City:		State	Zip code:
Telephone number:	Email address:	Date of birth:	

☐ I certify that I have read and understand the applicable Board regulations on licensure retirement.

☐ My license is not currently surrendered, suspended or revoked.

☐ I intend to permanently retire from active practice in the Commonwealth and in all other jurisdictions.

☐ I understand that I may not practice in the Commonwealth with a license in retired status

☐ I understand that retired status is a non-disciplinary status. I also understand that the Board may initiate, pursue or take a disciplinary action against my license in accordance with Board regulations, including an action that imposes discipline or changes the license status from retired to revoked or suspended, if the Board determines that such action is in the best interests of public health, safety or welfare.

☐ I understand that if the Board grants my request, members of the public who conduct a search of my license on the Massachusetts Health Professions License Verification Site will see that the license status is "Retired," with the following definition: "License/registration is no longer active pursuant to a voluntary request by the holder who has retired from the practice of his or her profession. This is a non-disciplinary status. Practice is not authorized." I also understand that members of the public who conduct a search of my license on the Board's website will see any disciplinary history associated with my license and that the change to retired status will not result in any changes to the public availability of disciplinary history.

☐ I hereby request that the Board change my license status to "Retired."

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Signature **Date**

Please complete this form, then mail the original form to the attention of:
The Bureau of Health Professions Licensure, 100 Cambridge Street, 19th Floor, Boston, MA 02114

Form eff. 10/19/2026