



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

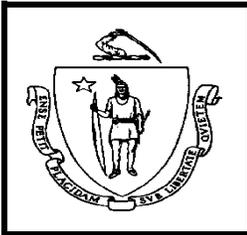
BOSTON, MA 02110-2012

Application Instructions for Ringside Physician's License

To be licensed as a Ringside Physician, you must submit the following to this office.

- Completed Application Form
- \$50 Non-refundable Application Fee made payable to the Commonwealth of Massachusetts
- Non-Massachusetts Residents Only: One Passport Photo (2" x 2") of Applicant
- Copy of a Government Issued Photo Identification (e.g. Driver's License/Passport)
- Letter of Good Standing from the Massachusetts Board of Registration in Medicine
- Curriculum Vitae





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APPLICATION FOR RINGSIDE PHYSICIAN'S LICENSE

NON-REFUNDABLE APPLICATION FEE: \$50 (CHECK OR MONEY ORDER ONLY)

APPLICANT INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ EMPLOYER _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S TELEPHONE #(_____) _____ FACSIMILE (_____) _____

EMERGENCY CONTACT NAME & NUMBER _____

EXPERIENCE

ARE YOU CURRENTLY LICENSED/CERTIFIED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE? _____

WHAT LICENSE(S)/CERTIFICATION(S) DO YOU CURRENTLY HOLD IN OTHER STATES/JURISDICTIONS?

ARE YOU IN GOOD STANDING IN ALL STATES/JURISDICTIONS YOU CURRENTLY HOLD A LICENSE IN? _____

IF NO, PLEASE EXPLAIN. (ATTACH SEPARATE SHEET IF NECESSARY).



HAVE YOU EVER BEEN SUSPENDED/DISCIPLINED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE? _____

PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY). _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME BY ANY STATE OR JURISDICTION? _____

IF YES, PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY). _____

OUTLINE YOUR BACKGROUND AND EXPERIENCE IN UNARMED COMBAT AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A RINGSIDE PHYSICIAN'S LICENSE. (ATTACH SEPARATE SHEET IF NECESSARY).

AUTHORIZATION FOR RELEASE OF RMV INFORMATION – FOR MA RESIDENTS ONLY

My signature below authorizes the State Athletic Commission to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

Date

RINGSIDE PHYSICIAN ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____ APPROVED _____ DENIED _____

REASON FOR DENIAL: _____