



**MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE  
HEALTH CARE FACILITY DISCIPLINARY ACTION SUBSEQUENT REPORT (HCFD-2)**

Use FORM HCFD-2 to report the reversal, modification, or completion of disciplinary actions (Part A, B or C) or the status of ongoing disciplinary actions (Part D). Please type or print legibly.

- **File this report within 30 days of a reversal or modification of an action after appeal.**
- **File this report within 30 days of the completion of an ongoing action.**
- **File this report every 60 days during the pendency of an ongoing disciplinary action.**

**Physician Information**

Name: \_\_\_\_\_

License number: \_\_\_\_\_

**Reporting Health Care Facility**

Organization name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of initial disciplinary action: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of initial report to the Board: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Report completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Report Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**PART A - Appeal of Disciplinary Action**

Complete this section when a disciplinary action is reversed on appeal.

1. Date of reversal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  2. Was the action reversed through an internal or external appeal (*circle one*)?:  
A. Internal      B. External      C. Both
  3. Describe the basis for the reversal:
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**PART B - Change in a Disciplinary Action**

Complete this section when the terms of a disciplinary action have been modified in any way since your last report to the Board. However, if a new action has been imposed, you must complete and file an Initial Report regarding the new action (FORM HCFD-1).

1. Date of modification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Describe the modification:

