

Commonwealth of Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 – Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

**Limited License Application – International Medical Graduate –
Substantial Equivalency Waiver Request Form**

APPLICANT INSTRUCTIONS: If you completed more than three (3) months of clinical clerkship rotations off-site of the primary teaching hospital of your medical school of attendance you must request a waiver of substantial equivalency of medical education. The Board requires submission of this form to assist in its determination whether an applicant's course of medical school education is substantially equivalent, in its entirety, to a U.S. medical school graduate's education. If you need more space to complete the information, you may attach additional sheets as needed. Please type your answers or print clearly.

Applicant Name		Date	_____ Month Day Year
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1. **Quality of Basic Science Education:** List all institutions where medical school basic science education was completed (include location of each institution):

2. **Quality of Clinical Clerkship Experience:** List all facilities where you completed clinical clerkships while in medical school.

Clerkship Area of Study	Name of Facility	Location of Facility (City/State/Country)	Number of Weeks

PRINT NAME: _____

3. **Postgraduate Training:** List all postgraduate training experience. Please include the training facility, specialty and length of the program.

4. **Full Licensure:** List all states where you have ever held a full unrestricted medical license.

NAME OF STATE: _____

5. **Other Distinctions, Honors, Awards or Publications:**

6. **Nature and Quality of Anticipated Training Program, including degree and quality of supervision:**

Please provide the following information regarding your anticipated training in Massachusetts.

Training Facility: _____

Training Specialty: _____

Position: ☐ Internship ☐ Residency ☐ Fellowship

Training Dates: _____ To _____

PGY(s): _____

APPLICANT ATTESTATION

Under the penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein and evidence submitted herewith are true, correct and complete. I understand that any falsification or misrepresentation of any item on this form or any attachment hereto may be a sufficient basis for denying or revoking a license.

SIGNATURE: _____ **DATE:** _____