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 School - Substantial Equivalency Determination Clinical Clerkship Verification Form

APPLICANT INSTRUCTIONS: If you completed more than three (3) months of clinical clerkships off-site of the primary teaching hospital of your medical school, please complete the top section and provide this Form to your medical school for completion. This Form is required to assist the Board 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.

Applicant Print Name: _____ Date of Birth: _____ _____ _____

Name of Medical School: _____

MEDICAL SCHOOL SECTION – VERIFICATION OF CLINICAL CLERKSHIPS

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL:

- Please complete the form listing all clerkships completed by applicant and provide copies of the clerkship evaluations.
- This form must be stamped with the institutional seal or notarized on the second page.
- Return form and the clerkship evaluations to the applicant in a sealed envelope or forward directly to the Board. Please sign or stamp across the seal on the envelope.

Clerkship Subject	# of Weeks	Facility Name	Facility City/State	Was this facility the medical school's Primary Teaching Facility?	Did the Clerkship Supervisor hold a faculty appointment at the medical school?
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO

APPLICANT'S NAME: _____

(Substantial Equivalency – Clerkship Verification continued)

Clerkship Subject	# of Weeks	Facility Name	Facility City/State	Was this facility the medical school's Primary Teaching Facility?	Did the Clerkship Supervisor hold a faculty appointment at the medical school?
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO

CERTIFICATION AND SEAL

SEAL / NOTARY
If the institution does not have a seal, this form must be notarized**.**

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Signature: _____

Print Name: _____

Title: _____

Date: _____ _____ _____ Telephone: _____

E-mail address: _____

RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE AFFIXED ACROSS THE ENVELOPE SEAL OR FORWARD DIRECTLY TO THE BOARD.