

PLEASE USE THIS CHECKLIST TO AVOID DELAYS

CHECKLIST FOR CHANGE OF PROGRAM LIMITED LICENSE APPLICATION

A change of program application is only for physicians who are changing a specialty, subspecialty, or training program. A renewal limited application is for physicians who are continuing in the same program at the same institution. If this applies to your situation, please contact your program coordinator and we will direct you to the correct application.

HAVE YOU:

- Read the instructions, answered every question, and signed the application?
- Attached a check or money order for \$100.00 made payable to the Commonwealth of Massachusetts?
- Had your **CURRENT** Program Director answer the questions and sign the bottom of the 1st page? **Please do not complete any of the information on Section B.** Section B will be completed and signed by the designated official at Tufts Medical Center after we receive your completed application and required attachments.
- Printed** your name on the top of each page where specified and **signed** the bottom of each page where indicated?
- Signed and dated the Certifications form?
- Completed and signed the Authorization for Release of Information, Documents and Records form?
- Completed the supplemental pages if you answered "Yes" to any questions from #16 - #35?
- Included license verifications, in their **original sealed envelopes**, from every state where you were issued a **full license since your last renewal** and attached them to your limited change of program application?
- Included a completed Evaluation Form from your **current** program director? Please instruct the program director to return the completed Evaluation Form to you in a **sealed envelope with his/her signature across the flap**. This sealed envelope should be attached to your limited change of program license application.
- Changed your name since your last initial/renewal application? If yes. Then you must also submit the Name Change Duplicate License Request form and the Notary Public Attestation for Name Change form, which should include a current passport-sized color photograph (2"x 2"), a separate check for \$18.00, and a notarized copy of your marriage certificate or certified copy of the court order changing your name.

IF THE SEALS ON ANY ENVELOPES ARE BROKEN, THE INFORMATION WILL NOT BE ACCEPTED BY THE BOARD.

ALL APPLICATIONS SHOULD BE COMPLETE, WITH THE EXCEPTION OF SECTION B.

THE COMPLETED APPLICATION, ALONG WITH ALL NECESSARY SEALED ENVELOPES, SHOULD BE RETURNED TO YOUR PROGRAM COORDINATOR.

IT IS IMPORTANT THAT ALL DOCUMENTS BE SENT TOGETHER AS ONE PACKAGE. DO NOT SEND PIECE-MEAL.

CONTACT THE PROGRAM COORDINATOR OF YOUR TRAINING PROGRAM IF YOU HAVE ANY QUESTIONS.

PLEASE DO NOT CALL, VISIT, OR MAIL ITEMS DIRECTLY TO THE BOARD OF MEDICINE UNLESS ADVISED TO DO SO BY THE GRADUATE MEDICAL EDUCATION OFFICE.

(REVISED 10/21/09)