

## **USE THIS CHECKLIST TO AVOID DELAYS**

### **INITIAL LIMITED LICENSE APPLICATION**

This application is **only** for physicians who are enrolled in a post-graduate medical education program in health care facilities in the Commonwealth of Massachusetts and have **never** held a license in the State of Massachusetts. *If you are changing a specialty, subspecialty or training program and held a Massachusetts license before you must complete a Change of Program 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?
- Left Section B blank?** This page is completed and signed by the designated official at Tufts Medical Center after we receive your completed application with the required attachments.
- Attached an **updated** curriculum vitae in **chronological order**, by month and year, of your education, training and clinical activity **without any gaps**. Make sure you provide a complete, specific explanation regarding any other training or breaks between the beginning of your medical education and the final year of your postgraduate training. **Remember: Dates should be reported in month/year format.**
- Printed** your name on the top of each page where specified and **signed** the bottom of each page where indicated?
- Signed the Authorization for Release of Information, Documents and Records?
- Completed the supplemental pages if you answered "Yes" to any questions from #15-#35?
- Provided an explanation from you and your Medical School **only if** you attended Medical School for more than 4 years for US graduates and 6 years for IMG's?
- Included a letter from the director of your most recent postgraduate training program **only if** you did not complete a training program? The letter must be in the **original sealed envelope** from your program director, **unopened** and attached it to your limited license application.
- Answered Question #13 correctly? It states "has more than **one year** passed between the date of your graduation from Medical School and the anticipated start date of your limited licensure **in Massachusetts?**"

- Included the **Medical Education Verification Form A, along with your transcripts** that you received from your medical school? The Medical Education Verification form A must be sent directly to you from the medical school. *Please emphasize that all information that is requested is completed (including the total number of weeks)* **Do not open the envelope** and attached it to your limited license application. If the seal on the envelope from your medical school is broken, the Medical Education Verification form will be returned to you and then the process must be repeated.

#### **FOR 4<sup>th</sup> YEAR MEDICAL STUDENTS ONLY**

The Medical Education Verification form consists of: 1) Form A; 2) a letter to the medical school registrar; and 3) Form B. **Fourth year medical students must send all 3 parts to your medical school.** The letter to the medical school registrar explains the instructions for completing the Medical Education Verification Form A and Form B. Additionally, the Board is requesting the medical school registrar to notify the Board immediately if there is a determination that the student will not graduate, as reported on Form B. When the medical school returns the completed Medical Education Verification Form A and Form B to the applicant **in a sealed envelope**, these forms should be forwarded to the training program with the limited license application and other required documents. **It is acceptable if your Medical School insists on sending completed forms to the Board.**

- Checked your medical school to makes sure if there is any processing fee?
- Included license verifications in the **original sealed envelopes** from every state where you ever held a **full** license? Have you attached them to your limited license application? We are aware that some licensing Boards will only send these forms directly to the Massachusetts Board of Medicine but if applicable then please indicate on a separate piece of paper.
- Included a completed Evaluation form from your program director or current hospital affiliation? The Evaluation form must be filled out if you had previously completed training in another state and were practicing medicine, the **department chief must complete the Evaluation form** where you had active medical staff privileges. If this is your first postgraduate training program, you do not need to complete this form. Instruct the program director to return the Evaluation form to you in a **sealed envelope with his/her signature across the flap** and it should be attached to your limited license application.
- Changed your name or been known under another name (legally)?** If yes, then you must submit the **last two pages** of this application. Name Change Duplicate License Request Form and the Notary Public Attestation For Name Change form which should include a current passport colored photograph (2 x 2), a separate check for \$18.00 and a notarized copy of your marriage certificate or a certified copy of the court order changing your name.
- (For IMGs only).** Enclosed a **notarized copy** of your medical school diploma and, if applicable, an official English translation by a translation company in the United States. If you want to keep the original translation, please read the enclosed instructions.

- (For IMGs only).** Enclosed a **valid, notarized copy** of your Education Commission for Foreign Medical Graduates (ECFMG) certificate.
- (For IMG's only).** Enclosed the Affidavit form if you currently **do not hold** a Social Security Number.
- (For IMG's only).** You are also required to provide an ECFMG Status Report. There is a fee for requesting the status report. **The ECFMG Status Report must be sent directly to the Board from ECFMG electronically.** Go to <https://cvsonline2.ecfmq.org/lmgGenInfo.asp> for information and instructions on how to apply for your ECFMG status report to be sent to the Board.

If you completed FLEX Part I and Part II, you must request verification from the Federation of State Medical Boards at [www.fsmb.org](http://www.fsmb.org), or if you completed the National Board Examination (NBME) Part I and Part II, you must request verification from the National Board's web site at [www.nbme.org](http://www.nbme.org). Follow the instructions for requesting verification of exam scores to be sent to the Massachusetts Board of Registration in Medicine.

**IMPORTANT:** FMGEMS is not a qualifying examination and will not be accepted by the Board of Medicine.

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

**ALL PARTS OF APPLICATION SHOULD BE COMPLETED, WITH THE EXCEPTION OF SECTION B.**

**THE COMPLETED APPLICATION ALONG WITH ALL NECESSARY SEALED ENVELOPES SHOULD BE RETURNED TO:**

**TUFTS MEDICAL CENTER  
GME OFFICE – BOX 836  
800 WASHINGTON ST.  
BOSTON, MA, 02111.**

**IT IS IMPORTANT THAT ALL DOCUMENTS BE SENT TOGETHER AS ONE PACKAGE. DO NOT SEND ITEMS PIECEMEAL.**

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

**DO NOT CALL THE BOARD OF MEDICINE.**