

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

ELECTRONIC HEALTH RECORDS (EHR) WAIVER REQUEST

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NUMBER: _____ DATE OF BIRTH: ____/____/____

The Board requires that a licensee demonstrate proficiency in the use of electronic health records. In order to request a waiver of the requirement, you must submit a completed EHR waiver request at least 30 days prior to your license renewal date.

1. Please explain the reason that you are unable to demonstrate proficiency in the use of electronic health records.
- Prolonged illness
 - Other: _____
- _____
- _____

2. Please provide a detailed explanation: _____
- _____
- _____
- _____

3. Please describe your plan for demonstrating proficiency in the use of electronic health records: _____
- _____
- _____
- _____

I, the undersigned applicant, hereby certify that all information included in this waiver request for demonstrating proficiency in the use of electronic health records constitutes a true statement made under the penalties of perjury.

SIGNATURE: _____ DATE: ____/____/____

The Board, in its discretion, may grant a 90-day waiver of the EHR requirement. A licensee who receives a waiver is not relieved of any other obligations under M.G.L. c.112 or the regulations issued thereunder.

PLEASE RETURN THIS FORM WITH YOUR RENEWAL APPLICATION TO THE RENEWAL DEPARTMENT AT THE BOARD OF REGISTRATION IN MEDICINE.