

PART III Complete one section for each physician disciplined.

- The information provided in Part III is confidential.
- If additional space is needed, photocopy this page.

Physician Name: _____ License Number: _____

Action Taken (circle all that apply):

- | | | |
|-------------------------------------|---|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege | 03 Censure |
| 04 Written reprimand or admonition | 05 Restriction of right or privilege | 06 Non-renewal of right or privilege |
| 07 Fine | 08 Required performance of public service | 09 Education/counseling/monitoring |
| 10 Denial of right or privilege | 11 Resignation | 12 Leave of absence |
| 13 Withdrawal of application | 14 Termination/non-renewal of contract | 98 Other: _____ |

Action Date: ____/____/____ Status (Completed, Continuing, Appeal Pending): _____

Physician Name: _____ License Number: _____

Action Taken (circle all that apply):

- | | | |
|-------------------------------------|---|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege | 03 Censure |
| 04 Written reprimand or admonition | 05 Restriction of right or privilege | 06 Non-renewal of right or privilege |
| 07 Fine | 08 Required performance of public service | 09 Education/counseling/monitoring |
| 10 Denial of right or privilege | 11 Resignation | 12 Leave of absence |
| 13 Withdrawal of application | 14 Termination/non-renewal of contract | 98 Other: _____ |

Action Date: ____/____/____ Status (Completed, Continuing, Appeal Pending): _____

Physician Name: _____ License Number: _____

Action Taken (circle all that apply):

- | | | |
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| 01 Revocation of right or privilege | 02 Suspension of right or privilege | 03 Censure |
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| 10 Denial of right or privilege | 11 Resignation | 12 Leave of absence |
| 13 Withdrawal of application | 14 Termination/non-renewal of contract | 98 Other: _____ |

Action Date: ____/____/____ Status (Completed, Continuing, Appeal Pending): _____

PART IV *This report is made and signed under the penalties of perjury.*

This report was completed by: _____
Print Name Title

Signature _____ Telephone _____ Date: ____/____/____

Return by Certified or Registered mail by February 1, 2018 to:

Data Repository Unit, MA Board of Medicine, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880.