



City of Boston

Physician Registration Form

I, the undersigned, herewith present Medical License # _____ for the records of the Office of the City Clerk. I intend to conduct the practice of medicine in the City of Boston.

My office or usual place of business is as follows:

_____ (Address)

_____ (City) _____ (State) _____ (Zip Code)

The required fee of \$100.00 is herewith tendered.

Signature: _____ Date: _____

Print Name _____

▼ FOR ADMINISTRATIVE USE ONLY ▼

Boston, Massachusetts Date: _____

In accordance with the provisions of Chapter 112, Section 8 of the Massachusetts General Laws, I hereby certify that Dr. _____

this day exhibited certificate or certificate statement # _____ issued

under the authority of the Laws of the Commonwealth and the Ordinances of the

City of Boston. *The required fee of \$100.00 has been paid.*

Signed _____ Clerk of the City of Boston.

Maureen Feeney