



CITY OF CAMBRIDGE

I, _____, HEREWITH PRESENT

(name of physician)

A COPY OF MASSACHUSETTS REGISTRATION CERTIFICATE # _____

FOR RECORDING BY THE CLERK OF THE CITY OF CAMBRIDGE, MASSACHUSETTS.

I INTEND TO CONDUCT THE PRACTICE OF MEDICINE IN THE CITY OF CAMBRIDGE.

MY OFFICE OR USUAL PLACE OF BUSINESS IS LOCATED AT:

(address)

(city) (state) (zip code)

_____ I AM EXEMPT FROM FILING BECAUSE I AM NOT ENGAGED IN THE PRACTICE OF MEDICINE IN THE CITY OF CAMBRIDGE.

APPLICANT'S STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 8 OF CHAPTER 112 I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE.

DATED _____

SIGNATURE OF PHYSICIAN

Physicians please do not write below this line.

FILED IN CAMBRIDGE, MASSACHUSETTS ON _____ 200