



## Town Clerk's Office

Town Hall Room 12

52 Main Street • Milford, MA 01757

P: (508) 634-2307 • F: (508) 634-2324

[ANeves@TownofMilford.com](mailto:ANeves@TownofMilford.com)

Amy E. Hennessy Neves, Town Clerk

### NOTICE

The following form is for anyone practicing medicine (as a licensed Physician, Optometrist, Podiatrist, or Electrologist) in the Town of Milford.

It is required by Massachusetts General Law Ch. 112 Sect. 8 (*see attached*) for this form to be completed. You need only to complete the form once, unless you move out of Milford, and therefore would need to register with your new town. There is no charge to register.

Please complete this form and return it to the Town Clerk's Office, 52 Main St. Milford, MA 01757 by mail, fax (508) 634-2324 or email [aneves@townofmilford.com](mailto:aneves@townofmilford.com).

Thank you for taking the time to register and comply with the law.

Sincerely,

Amy Hennessy Neves  
Town Clerk

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**PART I. ADMINISTRATION OF THE GOVERNMENT**

**TITLE XVI. PUBLIC HEALTH**

**CHAPTER 112. REGISTRATION OF CERTAIN PROFESSIONS AND OCCUPATIONS**

**REGISTRATION OF PHYSICIANS**

(Physicians, Podiatrists, Optometrists, Electrologists)

**Chapter 112: Section 8. Recording of certificate of registration by city or town clerk; fee; records**

Section 8. No person shall enter upon, or continue in, the practice of medicine within the commonwealth until he has presented to the clerk of the city or town where he has, or intends to have, an office or his usual place of business, his certificate of registration as a physician in the commonwealth, or, if it is lost, a certified statement issued by the board, setting forth all the material facts in the original certificate, and paying the fee provided by clause (58) of section thirty-four of chapter two hundred and sixty-two. Thereupon the clerk shall record the name of the owner of said certificate or certified statement, together with the date of record upon blanks, said blanks to be so arranged that a duplicate carbon copy shall be made at the time of the original record. He shall keep the original as a part of his official records and it shall be open to public inspection. Whoever practices or attempts to practice medicine without complying with this section, or whoever submits to a city or town clerk a false or fraudulent certificate or certified statement, shall be punished by a fine of not less than five nor more than one hundred dollars; and any city or town clerk who refuses or neglects to comply with this section shall be punished by a fine of not less than five nor more than ten dollars.

# Town of Milford

## Physician Registration Form

In accordance with the provisions of section eight of chapter 112 of the Massachusetts General Laws, I, the undersigned, intend to conduct the practice of medicine, podiatry, optometry, or electrolysis in the Town of Milford.

*I swear under the laws of perjury, that the following information is true and correct:*

**Name:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**License No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_