Registering yourself as a Physician

Pursuant to MA General Law Chapter 112 Section 8, you must register with the City before operating as a Physician in Somerville. If you amend, relocate, or terminate your practice, you must update the registration. You must apply online.

TERM:
• The registration requires no renewal but requires updating if you amend, relocate, or terminate your practice.

FEE:
• $60.00 nonrefundable fee to register.
• No fee to amend or terminate the registration: Contact the City Clerk to implement the amendment or termination.

ADDITIONAL DOCUMENTS REQUIRED:
• The City requires that you upload your State Medical Registration form as part of your registration. The City will not process your registration until it is included.

HOW TO REGISTER:
Go to http://www.somervillema.gov/citizenserve.
• Click the citizenserve logo.
• Click “My Account.”
• Log in, or, if this is your first online application, click “REGISTER NOW” to create an account.
• Scroll down and click “APPLY FOR A LICENSE.”
• At Application Type, select “Business License.”
• At Sub Type, select “Physician.”
• Enter your Business Name.
• At “Is this application for a new or existing business location?”:
  o Select “A new business location” if this is your first application in CitizenServe.
    o Enter the Somerville address of your proposed business, and click “FIND ADDRESS.”
    o If CitizenServe doesn’t identify your address, select “USE THIS ADDRESS.”
  OR
  o Select “An additional license for an existing business” if your business is licensed in CitizenServe.
    o At “License #” select a license you’ve received before.
• Answer the remaining questions.
• At Contacts, select a contact you’ve already entered, or, if you want the license mailed to a different address, select “Enter a new contact” and enter the mailing name and address.
• Upload the required documents, Accept all terms and conditions, Submit the form, and Pay the required fee.

QUESTIONS?
• If you have questions, contact the City Clerk at cityclerk@somervillema.gov.