

TOWN OF MEDWAY COMMONWEALTH OF MASSACHUSETTS

Medway Town Hall 155 Village Street Medway, MA 02053 Phone (508) 533-3206

BOARD OF HEALTH

Bodywork Therapist Permit Application

Date:	
Type of Application: ☐ New ☐ Renewal	
Bodywork Therapist Information:	
Name:	Date of Birth:
Address:	
Phone Number:	Email:
Are your able to communicate effectively in English?	□ Yes □ No
 other felony. b. Any conviction of any misdemeanor or felony. c. Revocation, suspension or denial of a permit or I state or municipality. d. Loss or restriction of a permit, license or certificareason. 	cluding prostitution or sexual misconduct, rape or any license to practice bodywork or massage issued by any ation by any municipality or other jurisdiction for any ecircumstances:

Bodywork Establishment Information (where you are or will be employed in Medway or elsewhere): Establishment Name: Medway, MA 02053 Phone Number: _____ Email: _____ Establishment Name: Phone Number: _____ Email: _____ ____, under penalty of perjury declare that the Statement: I, foregoing information contained in this application is true and correct. I affirm to comply with all rules and requirements of Medway's Board of Health. I understand that false statements shall constitute grounds for denial. Pursuant to M.G.L. Ch. 62C. Sec. 49A. I certify under the penalties of periury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. Name (Please Print) Signature This section of the application is to be notarized for the above declaration.

Applications will not be accepted unless ALL of the following documents are enclosed with the application:

- Completed Bodywork Practitioner Permit Application
- High School Diploma or its verifiable equivalent
- o Permit Fee \$100.00 Make check payable to "Town of Medway" (non-refundable)
- Proof of Certification

- Two forms of identification. One form must be a valid state driver's license with photo, a state identification card with photo, and/or a valid passport. The second form of ID may be a certified longform birth certificate or another government-issued photo ID.
- o A signed passport-type of photograph taken within the preceding thirty (30) days
- A signed CORI/SORI acknowledgment form, authorizing the Town of Medway or a contracted third
 party to conduct a CORI/SORI inquiry and authorizing the report of these results to be reported to the
 Board.
- A Massachusetts Physician Letter, on physician's official letterhead, dated no earlier than twelve (12) months prior to the submittal of the application, stating that the applicant has had a physical examination and that the applicant is up to date with all immunizations and free from any communicable diseases and/or conditions that may be transmitted due to close physical contact and detrimental effects to the public's health. Also, the physician's letter should include whether a Tuberculosis (TB) screening is indicated and if indicated, a written negative result obtained.



THE COMMONWEALTH OF MASSACHUSETTS **EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**

Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer,
subcontractor, licensing, and housing purposes.
is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospectiv
employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of
housing has authorize
(Organization)
to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.
As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for th rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. hereby acknowledge and provide permission to
(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of m
signature. I may withdraw this authorization at any time by providing
(Organization) with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a COFI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Cred Reporting Act. If I have not received those disclosures, I should contact
(Organization)
to request this information.
FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
I also undertand that the
, on behalf of
(Consumer Reporting Agency)
may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.
subsequent COM checks within one year of the date this form was signed by the.
By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of the Acknowledgement Form is true and accurate.
Signature of CORI Subject Date



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services 200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 THOSE WANTED

SUBJECT INFORMATION

MASS.GOV/CJIS

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

* First Name:	Middle Initial:
* Last Name:	Suffix (Jr., Sr., etc.):
Former Last Name 1:	
Former Last Name 2:	
Former Last Name 3:	
Former Last Name 4:	
* Date of Birth (MM/DD/YYYY): Place	
* Last SIX digits of Social Security Number:	No Social Security Number
Sex: Height: ft in. Eye 0	Color: Race:
Driver's License or ID Number:	State of Issue:
Father's Full Name:	
Mother's Full Name:	
Current A	Address
* Street Address:	
Apt. # or Suite: *City:	
SUBJECT VER	IFICATION
The above information was verified by reviewing the following	
Verified by:	
Print Name of Verifying Employee	
Signature of Verifying Employee	 Date

Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form mailed to the Sex Offender Registry Board, Attn:										SORB USE ONLY															
SORI Coordinator, P.O. Boalong with a self-addressed																									
PDF and emailed to SORI.S	SOR	I@M	IAS	S.GC	OV.	The	Boa	rd																	
will provide a report that include the person identified is a sex offer	ender	with	an o	bliga	tion t	o re	giste	r, the																	
offense(s) for which the offender date(s) of the conviction(s) or ad									•																
the law only permits the public t	o rece	eive ir	nforn	natio	n on s	sex (offen	ders																	
required to register and finally c (moderate risk) or level 3 (high)																									
is not available to the public if th risk) offender or if he/she has no								(lov	v																
Board.	n yei	veenj	ınaı	iy ciu	ssifie	u v	ine																		
All requests shall be recorded	d and	kept	con	ıfideı	ntial,	exc	cept	to a	ssist	or d	efend	l in a	a crin	ninal	pros	secu	ition								
*Requestor's name:]	Date	of b	irth:						
*Organization name: (if any)_																									
*Address:														*	Telej	phoi	ne nu	ımbe	er: (_)					
														*	Ema	il A	ddre	ss: _							
I swear under the pains and p for my own protection, the pr care or custody.																									
Requestor's signature:														Γ)ate:										
I hereby request that the following	ng inf	forma	tion	be us	ed to	det	ermi	ne w	hethe	er the	ident	ified	indiv	vidua	l is a	sex	offen	der 1	equir	ed to	regi	ster i	n Ma	issac	husetts.
Subject's LAST NAME:																									
Subject's FIRST NAME::																									
Subject's MIDDLE INITIAL:																									
Date of birth or approximate a	ige:				/			/																	
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Address (PRINT):																									
Personal identifying character																									
Sex: Race:	Hei	ght:			We	ight	t: _		_]	Eye (Color	·		Н	air C	olor	·:								
Other information (e.g. license	plate	e nun	ıber	, par	ents'	nar	nes,	etc.)	:																
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f additional information is			.1	~~ ~~		4 41.	D		4		1 4 .	.1 1			. 1	. 1									

If additional information is needed, please contact the Requestor at the telephone number above.

**********WARNING******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).