



**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 you able to communicate effectively in English?                      ☐ Yes                      ☐ No

In addition, you must disclose the circumstances surrounding any of the following convictions or license/ permit revocations:

- a. Any conviction for any sexual-related offence, including prostitution or sexual misconduct, rape or any other felony.
- b. Any conviction of any misdemeanor or felony.
- c. Revocation, suspension or denial of a permit or license to practice bodywork or massage issued by any state or municipality.
- d. Loss or restriction of a permit, license or certification by any municipality or other jurisdiction for any reason.

If any of the above are applicable, please explain the circumstances: \_\_\_\_\_

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**Bodywork Establishment Information (where you are or will be employed in Medway or elsewhere):**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ Medway, MA 02053

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Statement: I, \_\_\_\_\_, under penalty of perjury declare that the 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 perjury 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
- 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 long-form birth certificate or another government-issued photo ID.
- 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 prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. \_\_\_\_\_ has authorized  
(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 the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I 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 my 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 CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit 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 understand 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.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this 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  
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**SUBJECT INFORMATION**

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 of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_ ☐ No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*

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

**SORB USE ONLY****SOR Form 4 (06/20)**