

**BUREAU OF HEALTH PROFESSIONS LICENSURE**

**PUBLIC RECORDS EXEMPTION DECLARATION FORM**

Under Massachusetts public records law G.L. ch. 4 §7 (26), a Licensee's name, home address, and home phone number may be considered public information, subject to disclosure in response to a public records request. However, the public records law also provides certain exemptions, including G.L. ch. 66 §10, which states that Licensee's home address, home telephone number, place of employment, and place of education are exempt from public records disclosure if the Licensee is a victim of domestic violence, a victim of an adjudicated crime, or provides services and/or training in family planning. If you believe you qualify for this exemption, complete this form and submit to Heather Cambra BSN, RN, JD at 239 Causeway Street, 5<sup>th</sup> Floor, Boston, MA 02114.

**DECLARATION**

I (Print Name clearly) \_\_\_\_\_ hereby declare that:

I am licensed by the Board of \_\_\_\_\_ and the exemption under G.L. ch. 66 §10, applies to me for the following reason.

\_\_\_\_\_ I am a victim of domestic violence.

\_\_\_\_\_ I am a victim of an adjudicated crime.

\_\_\_\_\_ I provide services and/or training in family planning.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number and Expiration Date<sup>1</sup>

\_\_\_\_\_  
Date of Birth

Mailing Address where the Bureau may send correspondence in this matter:

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

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

(please check here \_\_\_ if you prefer correspondence via email)

\_\_\_\_\_  
<sup>1</sup> If you hold multiple BHPL licenses please provide all license types, numbers, and expiration dates on the back of this sheet.  
Declaration Form 8/2016