



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Attention: Eugenia Anderson, Accounting Unit
239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
(617) 973-0800

Public Information Request for Licensee Mailing Address Data File (Text Format)

Notice: You may download the mailing list in a text format **FREE OF CHARGE** by visiting our Verification website at <https://checklicense.hhs.state.ma.us/>

Date of Request: _____

Requestor Information:

Name: _____ Title: _____

Name of Organization: _____

Telephone No: _____ Fax No: _____

Mailing Address: (No P.O. Box Please)

Attention (name): _____

Name of Organization: _____

Street Address: _____ Apt/Ste #: _____

City, State, Zip Code: _____

Electronic Mail Address: _____

Place a check mark next to the profession/entity requested. Fee is \$30.00 per profession/entity.

Board	Check Box	Board	Check Box
Dentists:		Perfusionists:	
Dental Hygienists:		Pharmacists:	
Drug Stores/Pharmacies:		Pharmacy Technicians:	
Licensed Practical Nurses:		Physician Assistants:	
Nursing Home Administrators:		Respiratory Therapists:	
Registered Nurses:		Wholesale Drug Distributors:	
Genetic Counselors:			

Fee Amount Due: No. of Boxes Checked: _____ times \$30.00 = _\$_____ Amount Due*

*Payments (**Non-Refundable**) must be by check or money order and payable to:
Commonwealth of Massachusetts

Request for data to be returned by (circle preference below):

U.S. Mail on CD-ROM Electronic Mail

“This Box for Staff Use Only”

Request # _____ Date Rec'd _____ Date Processed _____ Initials _____ Check No. _____ Amount: _____