The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Attention: Charlena Christiansen, Public Records
239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
Tel:(617) 973-0874 Fax:(617) 973-0983

Public Information Request Form (NOT mailing list data)

Notice: If you would like to request public records on a particular licensee, please fill in the information below and you will receive a response within ten (10) days of the date it is received. Please include a mailing address and/or fax number as not all records can be sent electronically. There is a non-refundable fee if the cost to produce the records exceeds $100.00.

Date of Request: _____

Requestor Information:
Name: _____Title:_____

Name of Organization (if applicable): _____

Telephone No: _____ Fax No: _____

Mailing Address:
Attention (name): _____

Name of Organization (if applicable): _____

Street Address: _____ Apt/Ste #:_____

City, State, Zip Code: _____

Electronic Mail Address: _____

Licensee Information
Name: _____ License Number: _____

Complaint or Investigation Number (if applicable):_____

Documents requested:
_____

_____

_____

"This Box for Staff Use Only"

Request # _____ Date Rec'd _____ Initials _____