

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Certification of Health Officers
C/O Professional Credentialing Services
150 Fourth Ave North, Suite 800
Nashville, TN 37219

Please attach recent 2" x 2"
photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden/ Alias/ Other Name: _____
Last First Middle

2. Mailing Address: _____
No. Street

City/Town State Zip Code

3. Business Address: _____
Agency/Department

No. Street

City/Town State Zip Code

NOTE: The mailing address above will be a **matter of public record**. It will appear on your license and will be used for all board correspondence. The mailing address and the business address provided above may be the same.

4. Phone Number: (Primary) _____ (Mobile) _____

5. Email Address: _____

6. Preferred Method of Communication: Mail Email

7. Date of Birth: _____

8. Gender: Male Female Prefer not to answer

7. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

8. Has any disciplinary action been taken against you by a licensing/certification board, professional association or organization located in the United States or any country or foreign jurisdiction?

Yes: No:

If yes, please state the details (use a separate sheet if necessary): _____

9. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction?

Yes: No:

If yes, please state the details (use a separate sheet if necessary): _____

10. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction?

Yes: No:

If yes, please state the details (use a separate sheet if necessary): _____

11. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?

Yes: No:

If yes, please state the details (use a separate sheet if necessary): _____

12. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?

Yes: No:

If yes, please give details: _____

The Board is certified by the Department of Criminal Justice Information Services to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

EDUCATION: Official Transcripts must be submitted at the same time as the application. Please have the endorser return the transcripts to you in a signed sealed envelope.

	Name	Address	Major Course	Dates From	Attended To	Degree Received	Indicate # of Science Hours
COLLEGE OR UNIV.							
GRADUATE SCHOOL							
OTHER							

COMMENTS: _____

EXPERIENCE: Give full information concerning periods of employment contributing to your experience in the practice of Public Health. Start with your present position and work back, explaining exact duties. Under the “Total Hours per week” column, enter only those periods spent in public health practice. **A resume must be attached to this application to provide necessary information on jobs, duties, professional actives and publications.**

Date From _____ To _____	Name Address of Employer	Telephone Number of Employer	Duties	Total Hours per Week	Total Hours of Experience	Name of Your Immediate Supervisor

EMPLOYER’S CERTIFICATION: In order to meet the experience requirement, your employer must submit a letter of reference certifying the duties and length of your work experience.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Certification of Health Officers to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L. C.62C, s.47A and s.49A, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Applicant - **signed in the presence of a Notary Public**

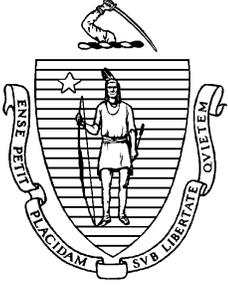
Applicant's Printed Name

Application Date: _____

Notary Name: _____
Print Name

Notary Signature: _____

Commission expires: _____



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APPLICATION PACKET CHECKLIST
(BE SURE TO INCLUDE THIS WITH YOUR COMPLETED APPLICATION)

The following must be included for a complete application. Please complete and enclose this checklist with your application. Incomplete applications will be RETURNED to you.

- _____ **A completed and notarized application form**
- _____ **2" x 2" Photograph**
- _____ **Official transcript(s) (must be submitted in a signed sealed envelope)**
- _____ **Employer's certification - A letter(s) verifying employment from your supervisor for the administrative public health experience only.**
- _____ **A copy of your resume**
- _____ **NON-Refundable application fee of \$273.00 as of July 1, 2014. Fee of \$195.00 accepted for applications received prior to this date.**

Licensure fee will be assessed when all requirements have been met.

MANDATORY

My social security number is:

- -

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure 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 the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

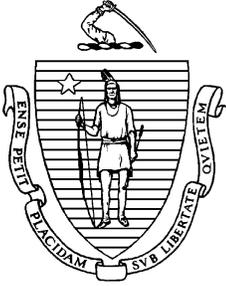
On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

- Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On



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MEMORANDUM

TO: All Interested Parties
FROM: Board of Registration of Certified Health Officers
RE: Registration by the Commonwealth of Massachusetts as a Certified Health Officer (CHO)

The Board of Registration of Certified Health Officers is accepting applications for the examination of qualified health professionals for registration as a Certified Health Officer.

The Board defines a Health Officer as: “a person with a broad basic education and experience in the physical, biological, and social sciences supplemented by specialization in the field of health administration and who is qualified to carry out public health administrative duties and enforce the laws in the field of public health”. We recommend, to all eligible persons in the health field, this opportunity to demonstrate proficiency and achievement at this important level of professional competency in public health. Presently, there are over two hundred persons who are certified by The Commonwealth of Massachusetts and have earned the exclusive right to the designation as a Certified Health Officer (CHO) in Massachusetts.

Attached to this memorandum is a copy of the application and descriptions of the eligibility requirements. Please distribute this notice to all persons who may be eligible to take this examination. The examinations are held in April, July and November. For further information, you may contact the Board of Certified Health Officers at (617) 727-9925.

ELIGIBILITY/APPLICATION INFORMATION FOR EXAMINATION

EXAMINATION: Exams are held three (3) times annually. Applications can be filed at any time. Once your application has been reviewed and approved, you will be notified by Professional Credentialing Services (PCS) about the examination time and location.

APPLICATION FEE: Payment must be in the form of a money order made payable to Professional Credentialing Services in the amount of \$273.00 (as of July 1, 2014). Please note that this fee is **NON-Refundable**. Make sure you read all rules and regulations for licensure (241 CMR 3.00, also see Eligibility below) to ensure that you meet all of the requirements before mailing your application for review. Be aware that an initial licensure fee will be assessed when all requirements are met.

EXAMINATION AREAS: The written multiple choice examination is developed by a testing agency. Topics covered include policies, practices and responsibilities of federal, state, local, and voluntary public health programs as well as general administrative and management procedures.

ELIGIBILITY: Applicants shall meet one of the following qualifications from an accredited institution:

(A) Degree in Medicine: Holder of a license to practice medicine in Massachusetts and one year of experience in a position requiring administrative responsibility for public health program.

(B) Degree of Master of Public Health or its equivalent as defined by the Board and completion of one year of experience in a position requiring administrative responsibility for public health programs.

(C) A Baccalaureate Degree, signifying the completion of a four-year undergraduate program, including or supplemented by a minimum of forty-five (45) semester hours (or their equivalent) in public health, the biologic, environmental, sanitary or related sciences and one year of experience in a position requiring administrative responsibility for public health programs.

SUPPORTING DOCUMENTATION: Education and Experience:

(A) Official transcripts, which document the degree(s) obtained and all courses completed, must be submitted directly to the applicant in a signed sealed envelope.

(B) The above educational requirements require one year of experience in “a position requiring administrative responsibility for public health programs”. A year of experience is defined as a year of actual full-time or equivalent part-time performance (under the supervision of a Certified Health Officer or others approved by the Board) of work in a state Department of Health or a local Public Health Agency.

Letters verifying employment must be from an individual qualified to provide specifics of the applicants administrative and public health responsibilities, preferably that individual’s supervisor at the time the required experience was being obtained. Specific attention should be given to describing the applicant’s administrative responsibilities in the areas of personnel management, planning, budgeting and communications with respect to public health programs. NOTE: Written letters documenting administrative public health experience need to be submitted for the required one (or two) year periods only. All other employment should be listed on the application form but does not require written verification.

FOR FURTHER INFORMATION: The Board strongly recommends that you obtain a copy of the rules and regulations and fully acquaint yourself with these regulations. Copies of 241 CMR are available from the State Bookstore, State House, Room 116, Boston, MA 02108, (a small fee will be charged by the bookstore) or by calling (617) 727-2834. Also, you may obtain an unofficial copy of the rules and regulations from the Division’s web site at <http://www.mass.gov/dpl/boards/ho>.