



MAURA T. HEALEY  
Governor

KIMBERLEY DRISCOLL  
Lieutenant Governor

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Professions Licensure  
250 Washington Street, Boston, MA 02108

KATHLEEN E. WALSH  
Secretary

ROBERT GOLDSTEIN, MD,  
PhD Commissioner

**AFFIDAVIT OF VETERAN STATUS**

I, \_\_\_\_\_ being duly sworn, do depose and state under the penalties of perjury that:  
(please print full name)

1. I was engaged in the active service of the armed forces as defined in M.G.L. ch. 4, §7, cl. 43 during the period from \_\_\_\_\_ to \_\_\_\_\_.  
(start date) (end date)
2. I am attaching to this affidavit a copy of my Report of Separation (DD-214).
3. I am submitting this affidavit to demonstrate applicability of VALOR Act provisions to an application for licensure/registration/certification.

**Please provide the name of the board of registration and license type for which you are applying.**

\_\_\_\_\_  
**Board of Registration:**

\_\_\_\_\_  
**License Type:**

4. I understand that I need to separately submit an application, and additional documents in the manner specified on the application form or related instructions for the specific type of license, registration or certification that I seek.

Subscribed and sworn by me under the pains and penalties of perjury on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Please complete this form and sign before a Notary, then mail the original form to the attention of:  
**Valor Act Liaison, Bureau of Health Professions Licensure, 250 Washington Street, Boston, MA 02108**