The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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KIMBERLEY DRISCOLL

Lieutenant Governor

**Certified Health Officer (CHO) Reciprocity Through Another State or Jurisdiction Application Checklist**

The following must be included for a complete reciprocity application. For more information, please visit our website: <https://www.mass.gov/orgs/certified-health-officers>. For questions regarding the application process or credentialing requirements, please contact the Office of Local and Regional Health, Senior Workforce Development Credentialing Coordinator by email at [RS.CHO@Mass.gov](mailto:RS.CHO@Mass.gov) or by telephone at (617) 753-8018.

* Completed Application form [105 CMR 803.210 (1)]
* Notarized Criminal Offender Record Information (CORI) Acknowledgement form [105 CMR 803.210:(2D)]
* Photo of Applicant uploaded to application [105 CMR 803.210 (2C)]
* RS/CHO State Verification Reciprocity form [105 CMR 803.230]
* Public Health Law Course certificate uploaded to application**\*\*** [105 CMR 803.200 (3)]
* Official transcript(s) – emailed by endorser to [RS.CHO@mass.gov](mailto:RS.CHO@mass.gov) [105 CMR 803.210 (2A)]
* Employer’s certification – letter(s) of reference certifying the duties and length of applicant work experience [105 CMR 803.210 (2B)]
* Resume [105 CMR 803.210 (2D)]
* NON-Refundable application fee of $40.00 and certification fee of $78.00 paid with application submission [105 CMR 803.210 (2E)]

\*\***Public Health Law and Legal Issues in Massachusetts course can be accessed in TRAIN:** <https://www.train.org/ma/course/1111209/details>.