

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

**CHARLES D. BAKER**  
Governor

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**MARYLOU SUDDERS**  
Secretary

**MARGRET R. COOKE**  
Acting Commissioner

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

**TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.**

The Board of Certification of Community Health Workers is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified license applicants and current licensees.

As a prospective or current 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 Systems (DCJIS). I hereby acknowledge and provide permission to the Board of Certification of Community Health Workers 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 written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The Board of Certification of Community Health Workers may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Board of Certification of Community Health Workers must first provide me with written notice of this check.

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.

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**SIGNATURE**

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**DATE**

**NOTE:** The Board of Certification of Community Health Workers cannot accept this form unless it is either (1) signed in person at the Board's offices in the presence of a BHPL employee who has verified the applicant's identity through acceptable identification, or (2) signed in the presence of a notary public who has likewise verified identity and then mailed or hand-delivered to the Board's offices at the address set forth above.

CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
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SUBJECT INFORMATION: (An 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: \_\_\_\_\_                      Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_                      State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Name (Mother's Maiden Name)                      Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
The identity of the subject of this acknowledgement form was verified by reviewing the following form(s) of government-issued identification:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ ON \_\_\_\_\_  
Name of Verifying BHPL Employee or Notary Public (Please Print)                      Date

\_\_\_\_\_  
Signature of Verifying BHPL Employee or Notary Public