The Commonwealth of Massachusetts
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street • Suite 500, 5th Floor • Boston • MA• 02114
http://www.mass.gov/dph/boards/chw
(617) 973-0806

Board of Certification of Community Health Workers

Use this form to request a name change, address change and/or a duplicate license. Check all that apply:

☐ **NAME CHANGE** ☐ **ADDRESS CHANGE** ☐ **DUPLICATE LICENSE**

Read the following information carefully before completing form:

1. If you are requesting a **name change** and you have a current or expired license with another board within the Bureau, the requested name change will be effective for all boards.
2. All addresses are subject to disclosure on request (MGL c. 4, s. 7).
3. You must complete this form and **remit the duplicate license fee for each license** you wish to have duplicated.
4. Check here if your current license has been **lost or stolen** ☐.

For a name change, you **MUST** return the original hard copy of your license and submit a copy of supporting documents.
Check document submitted: __marriage certificate __ divorce decree __ court documents __ other

License Number: CHW _____ Expiration Date: _____
Social Security Number (Mandatory):_____ **Date of Birth**: _____

Clearly print or type information as it **NOW APPEARS** on your license:	Clearly print or type information as you wish it to appear on your **NEW** license:
Name: _____	**Name**: _____
Address: _____	**Address**: _____
City/Town: _____	**City/Town**: _____
State: _____ **Zip code:** _____	**State**: _____ **Zip code:** _____
Email: _____	**Email:** _____

Other professional licenses held (check all that apply):
☐ Dentistry ☐ Genetic Counselor ☐ Nursing Home Administrator ☐ Perfusionist ☐ Pharmacy ☐ Physician Assistant
☐ Respiratory Care ☐ Community Health Worker

My signature hereon attests under penalties of perjury that the information provided is truthful, complete, and for lawful and honest purposes.

Signature: _____

Daytime Telephone Number: _____

Date: _____

Mail request to the Board at the address above.

FEE(S)	
1. Duplicate license	**$17.00**
2. Name change with new license	**$27.00**
3. Address changes only	**No Fee**
4. Name change with renewal	**No Fee**

Make check or money order payable to the "Commonwealth of Massachusetts." DO NOT SEND CASH OR ELECTRONIC FUNDS TRANSERS

For Official Use Only:
Check Amount (fee):_____
Check Number: _____
MLO Receipt Date:_____
MLO Receipt Number:
_____