The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Professions Licensure

Board of Registration in Nursing

250 Washington Street, Boston, MA 02108-4619

Diagram

Description automatically generated with medium confidence

MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

KATHLEEN E. WALSH

Secretary

MARGRET R. COOKE Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

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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 Registration in Nursing 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 Registration in Nursing 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 Registration in Nursing may conduct subsequent CORI checks within one year of the date this

Form was signed by me provided, however, that Board of Registration in Nursing 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

NOTE: The Board of Registration in Nursing 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)

ACKNOWLEDGEMENT FORM

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