

The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Division of Health Care Facility Licensure & Certification  
 67 Forest Street  
 Marlborough, MA 01752

**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI)  
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

MA Department of Public Health (DPH) is registered under the  
 (Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

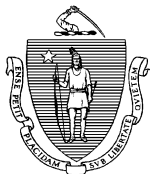
MA DPH to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing MA DPH with written notice of my intent to withdraw consent to a CORI check.

I also understand, that MA DPH may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
 The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

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

**Verified by:**

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*



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**Authentication of Signature**

Please note that ALL fields in this section must be completed by the Notary Public.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was \_\_\_\_\_ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
*Signature of Notary Public (Notary stamp or seal is also required)*

\_\_\_\_\_  
*Date my Commission expires*



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CORI

The Department of Public Health (Department) is required to conduct suitability reviews for all applicants applying for licensure as new health care providers. The review includes a criminal background check of the applicant. Accordingly, The Department is registered under the provisions of M.G.L. c.6, § 172 to receive CORI from the Department of Criminal Information Services (DCJIS) for the purpose of screening current and otherwise qualified prospective license applicants, or current licensees.

The enclosed Criminal Offender Record Information (CORI) form must be completed and returned with the license application for all individuals (use full names) identified below so that determinations of suitability and responsibility can be made in a timely manner.

- All individuals who hold a 5% or greater ownership or managerial interest in the facility;
- If the applicant is a partnership, CORI forms must be completed for all general and limited partners with 5% or greater ownership interest in the partnership;
- If the applicant is a for profit corporation, CORI forms must be completed for all officers, directors and holders of 5% or more of the corporation's stock;
- If the applicant is a not for profit organization, CORI forms must be completed for the officers of the board of directors, the executive committee, or other such governing body that has direct and ultimate control over the operation and compliance performance of the facility.
- The program administrator.

In order to verify the information on your CORI request form, you may either (1) deliver your application to us in person, at which time we will verify the information on your request form, or (2) include a photocopy of a government-issued photographic identification with your CORI Acknowledgement Form that that has been notarized.

Government-issued photographic identification includes, but is not limited to: state issued driver's license, state issued photographic identification card, passport, or US military ID or Native American Tribal documents.

If you have any questions or concerns regarding the completion of these CORI forms please contact Walter Mackie at (617)753-8036.