



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
67 Forest Street, Marlborough, MA 01752

MAURA T. HEALEY
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ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
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Guide to the Criminal Offender Record Information (CORI) Acknowledgement Form

Please review the following instructions to successfully complete your CORI Acknowledgement Form.

1. You **must** sign the CORI Acknowledgement Form in the presence of a Notary Public (or designated DPH employee), and verify your identity using a form of government-issued photo identification. Notaries are commonly found at banks.
 - a. If a Notary Public is authenticating your signature, they must complete all fields on the third page of the form (“Authentication of Signature”).
 - b. The notarization must be based on presented government-issued photo identification, and cannot be accepted on the basis of “personally known”.
2. All fields with an asterisk (*) on the second page (“Subject Information”) section of this form **must** be completed.
3. If you have listed additional names on your certification application, you **must** list those names on the CORI Acknowledgement Form as former names.
4. Use caution when entering your date of birth and Social Security Number on your certification application and this CORI Acknowledgement Form. If a discrepancy is identified, you will be required to correct the application and/or CORI Acknowledgement Form. Only the **LAST SIX DIGITS** of your Social Security Number should be listed on this form.
 - a. If you **do not have a Social Security Number**, please leave this blank.
5. Once you complete the CORI Acknowledgement Form, you must upload it to your application in the online application portal. **Please be sure the uploaded images are clear.** You do not need to include this instruction cover page.
6. If completing this CORI Authorization Form for Ambulance Licensure, Mobile Integrated Health approval or Accredited Training Institution staff, please follow the instructions provided by OEMS for submission.



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This form is not to be emailed. Please upload to your application or mail to address above.

**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/OEMS 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 Department of Public Health/OEMS 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 Department of Public Health/OEMS with written notice of my intent to withdraw consent to a CORI check.

I also understand, that MA Department of Public Health/OEMS 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: _____

Reason for CORI

Initial Certification Recertification ATI (Name: _____) MIH Application Other:

SUBJECT VERIFICATION (Only if signed by DPH Staff)

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.
Evidence of identification must be government issued photo ID

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

