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 239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER Governor KARYN E. POLITO Lieutenant Governor

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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 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.

SIGNATURE

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.

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# SUBJECT INFORMATION: (An asterisk (\*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix	
Maiden Name (or o	other name(s) by which yo	ou have been known)		
*Date of Birth	_	Place of Birth		
*Last Six Digits of	Your Social Security Nur	nber:		
Sex: He	eight:ft in. Ey	e Color:	R	ace:
Driver's License of	r ID Number:		State	of Issue:
Mother's Full Nam Current and Forme	ne (Mother's Maiden Name er Addresses:	e) Father's	Full Name	
Street Number & N	Jame City/To	wn Sta	ate Z	<i>lip</i>
Street Number & N	Name City/To	wn Sta	ate Z	lip
The identity of the government-issued	subject of this acknowled	gement form was verified	l by reviewing	the following form(s) o
VERIFIED BY:				ON
Nan	ne of Verifying BHPL Em	ployee or Notary Public (	(Please Print)	Date
Sign	nature of Verifying BHPL	Employee or Notary Pub	lic	