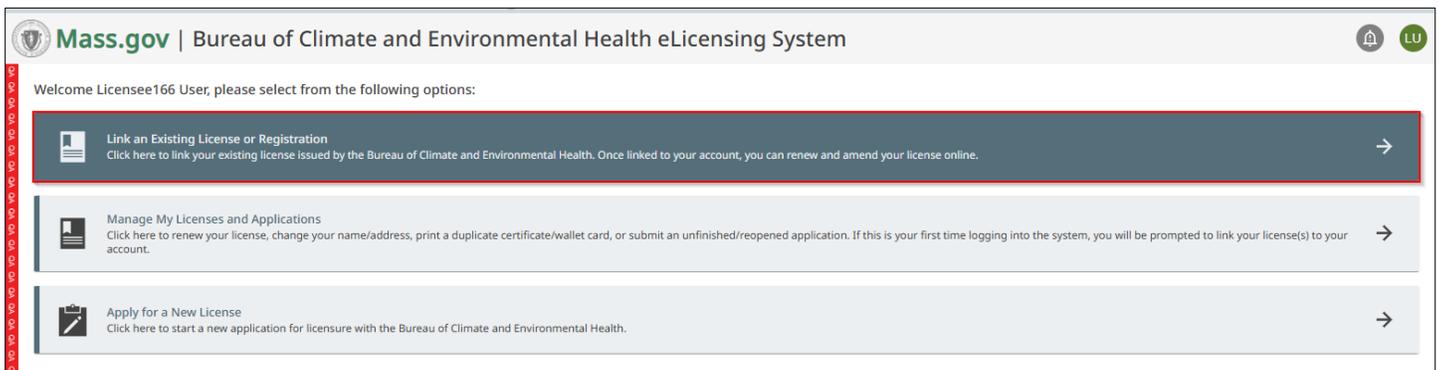


Bureau of Climate and Environmental Health (BCEH) eLicensing System

How to Renew a Diagnostic Radiography Facility Registration (DRAD) Registration

This resource provides instructions for how to Link and Renew a Diagnostic Radiography Facility license in the BCEH eLicensing system.

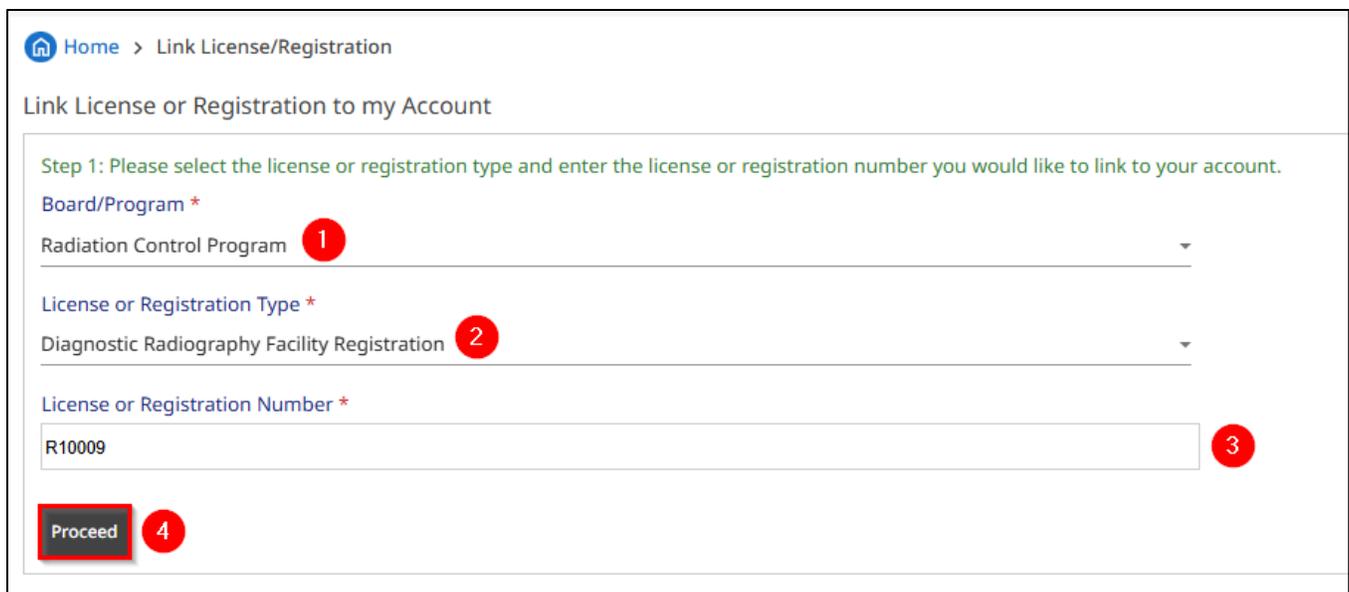
Step 1: Prior to starting a renewal application, the existing license will need to be linked to your account. To start, click **Link an Existing License or Registration**.



[Home Screen](#)

Note: If you have already linked your licenses, please skip to **Step 7**.

Step 2: Select **Radiation Control Program** for the Board/Program, **Diagnostic Radiography Facility Registration** for the License or Registration Type, and enter the **License or Registration Number**. Click **Proceed**.

A screenshot of the "Link License/Registration" screen. The breadcrumb navigation shows "Home > Link License/Registration". The title is "Link License or Registration to my Account". Below the title, there is a green instruction: "Step 1: Please select the license or registration type and enter the license or registration number you would like to link to your account." There are three dropdown menus: "Board/Program *" with "Radiation Control Program" selected (marked with a red circle 1), "License or Registration Type *" with "Diagnostic Radiography Facility Registration" selected (marked with a red circle 2), and "License or Registration Number *" with "R10009" entered (marked with a red circle 3). At the bottom left, there is a "Proceed" button (marked with a red circle 4).

[Link License/Registration Screen](#)

Step 3: The Radiation Control Program will provide a unique **Registration Pin Code** to contacts associated with the license. Enter the code, check the **reCAPTCHA checkbox**, and click **Proceed**.

Home > Link License/Registration

Link License or Registration to my Account

Step 1: Please select the license or registration type and enter the license or registration number you would like to link to your account.

Board/Program *
Radiation Control Program

License or Registration Type *
Diagnostic Radiography Facility Registration

License or Registration Number *
R10009

Step 2: Please enter the following information to link your license or registration.

Registration Pin Code *
10000

I'm not a robot

reCAPTCHA

Cancel Proceed

[Link License/Registration Screen](#)

Step 4: Review the license(s) information, check the **reCAPTCHA checkbox** followed by clicking **Yes, Link**.

Home > Link License/Registration

Link License or Registration to my Account

Step 1: Please select the license or registration type and enter the license or registration number you would like to link to your account.

Board/Program *
Radiation Control Program

License or Registration Type *
Diagnostic Radiography Facility Registration

License or Registration Number *
R10009

Step 2: Please enter the following information to link your license or registration.

Registration Pin Code *
10000

Step 3: Review your license(s)/registration(s) information

The following license(s)/registration(s) will be linked to your account:

License/Registration Type	License/Registration Number	Licensee Name	Licensee Address
Diagnostic Radiography Facility Registration	R10009	Example	Example Example MA 02123

Are you sure you would like to proceed with linking the license(s)/registration(s) above to your account?

I'm not a robot

reCAPTCHA

Cancel Yes, Link

[Link License/Registration Screen](#)

Note: If your pin code is associated with more than one license, the additional license(s) will appear in the list to be linked to the account.

Step 5: The license(s) are now linked successfully. Click **OK** to proceed to the **My Licenses/Registrations** page.

Home > Link License/Registration

Link License or Registration to my Account

The following license(s)/registration(s) are linked to your account:

License/Registration Type	License/Registration Number	Licensee Name	Licensee Address
Diagnostic Radiography Facility Registration	R10009	Example	Example Example MA 02123

To link additional license(s)/registration(s) to your account, please click the "Link Another License/Registration" Button. If you have no additional licenses/registrations to link, click the "OK" button.

Link Another License/Registration OK

[Link License/Registration Screen](#)

Note: To link additional licenses, click **Link Another License/Registration** and complete the same steps as outlined above using the unique pin code(s) provided by the Radiation Control Program.

Step 6: The **My Licenses/Registrations** page is the homepage for licenses activities. To start an application to renew your license, click **Start a Renewal Application**.

Home > My Licenses/Registrations > Diagnostic Radiography Facility Registration

Diagnostic Radiography Facility Registration

This page provides details about your application(s) for **Diagnostic Radiography Facility Registration**. You may use this page to:

- Start a brand new application
- View the status of your applications
- Return to an application that is in progress and not yet submitted
- Withdraw an application that is in progress, but has not been submitted

If you would like to begin or continue working on applications for a different type of license, certification or registration you may do so by [navigating to this page](#).

License # R10009 | Example | Example Example, MA 02123 (Active)
Your License is Active as of 11/22/2024 and will expire on 12/31/2024.

Start a Renewal Application →

Start an Amendment Application →

License Documents

Diagnostic Radiography Facility Registration Wall Certificate Download

[My Licenses/Registrations Screen](#)

Step 7: Click **Start Application**.

Home > My Licenses/Registrations > Diagnostic Radiography Facility Registration

Diagnostic Radiography Facility Registration

This page provides details about your application(s) for **Diagnostic Radiography Facility Registration**. You may use this page to:

- Start a brand new application
- View the status of your applications
- Return to an application that is in progress and not yet submitted
- Withdraw an application that is in progress, but has not been submitted

If you would like to begin or continue working on applications for a different type of license, certification or registration you may do so by [navigating to this page](#).

License # R10009 | Example | Example Example, MA 02123 (Active)
Your License is Active as of 11/22/2024 and will expire on 12/31/2024.

Diagnostic Radiography Facility Registration - Renewal Application

Cancel Start Application

License Documents

Diagnostic Radiography Facility Registration Wall Certificate Download

[My Licenses/Registrations Screen](#)

Step 8: The header of the application provides a numbered list of the steps required in the application. The first step is **Organization Information**. Start reviewing the information in the fields below. All required fields are denoted by a red *. Make any needed updates.

Home > My Licenses/Registrations > Diagnostic Radiography Facility Registration > Diagnostic Radiography Facility Registration - Renewal Application

1 Organization Information 2 Facility Personnel 3 Machine Information 4 Shielding Design Plan 5 eSignature 6 Payment 7 Submit

Application #: RRE1000003

Organization Information

Please review the Facility information below and update if necessary.

Facility Name *	Facility Type *	Is this facility state-owned or state-operated? *
<input type="text" value="Example"/>	Dental Office	<input type="radio"/> Yes <input checked="" type="radio"/> No
Facility Email Address *	Facility Phone Number *	
<input type="text" value="example@null.com"/>	<input type="text" value="555-555-5555"/>	
Facility Address Line 1: Example	Facility Address Line 2:	
Facility City: Example	Facility State: MA	Facility Zip Code: 02123

Please enter the Mailing Address information below.

Mailing Address 1 *	Mailing Address 2	
<input type="text" value="Example"/>	<input type="text"/>	
Mailing City *	Mailing State *	Mailing Zip Code *
<input type="text" value="Example"/>	MA	<input type="text" value="02123"/>

Organization Information Screen

Note: Changing the **Facility Address** is **not allowed** on renewal applications. As a result, these fields are non-editable.

Continue to review the **Responsible Person, Billing Contact, Facility Inspection Contact, and Inspection Report Contact** information followed by clicking **Save & Go To Next Page**.

Please enter the Mailing Address information below.

Mailing Address 1 *	Mailing Address 2		
<input type="text" value="Example"/>	<input type="text"/>		
Mailing City *	Mailing State *	Mailing Zip Code *	
<input type="text" value="Example"/>	MA ▼	<input type="text" value="02123"/>	

Responsible Person
The Responsible Person must be the owner or CEO of the company.

First Name *	Last Name *	Email Address *	Phone Number *
<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="example@null.com"/>	<input type="text" value="555-555-5555"/>

Billing Contact

First Name *	Last Name *	Email Address *	Phone Number *
<input type="text" value="John"/>	<input type="text" value="Doe"/>	<input type="text" value="example@null.com"/>	<input type="text" value="555-555-5555"/>

Billing Address Line 1 * Billing Address Line 2

<input type="text" value="Example"/>	<input type="text"/>
--------------------------------------	----------------------

Billing City * Billing State * Billing Zip Code *

<input type="text" value="Example"/>	MA ▼	<input type="text" value="02123"/>
--------------------------------------	------	------------------------------------

Facility Inspection Contact
The person RCP will contact to coordinate any facility inspections.

First Name *	Last Name *	Email Address *	Phone Number *
<input type="text" value="Example"/>	<input type="text" value="Example"/>	<input type="text" value="Example@null.com"/>	<input type="text" value="555-555-5555"/>

Inspection Report Contact
The person who will receive the inspection results/report.

First Name *	Last Name *	Email Address *	Phone Number *
<input type="text" value="Example"/>	<input type="text" value="Example"/>	<input type="text" value="Example@null.com"/>	<input type="text" value="555-555-5555"/>

Organization Information Screen, Continued

Good To Know: If a required field is empty, the system prevents users from advancing to the next page. The system provides a prompt for the required field to be completed

Mailing Address Line 1 *	Mailing Address Line 2	Mailing City *
<input type="text" value="Example"/>	<input type="text"/>	<input type="text"/>
Please complete the above field.		
Mailing State *	Mailing Zip Code *	Mailing Country *
MA ▼	<input type="text" value="02111"/>	United States ▼

Organization Information Screen, Missing Information Example

Step 9: For the **Facility Personnel** page, review information for **Responsible Physician, Interpreting Physician, and Radiation Machine Operators**.

Home > My Licenses/Registrations > Diagnostic Radiography Facility Registration > Diagnostic Radiography Facility Registration - Renewal Application

1 Organization Information 2 **Facility Personnel** 3 Machine Information 4 Shielding Design Plan 5 eSignature 6 Payment 7 Submit

Application #: RRE1000003

Responsible Physician

First Name * Last Name * License Number * License Expiration Date * Email Address *

Example Example 123456 12/20/2024 example@null.com

Interpreting Physicians

Any additional physicians who interpret X-ray results.

Interpreting Physicians #1

First Name * Last Name * License Number * License Expiration Date *

Jane Doe 123456 3/21/2025

Add Interpreting Physician

Radiation Machine Operators

Facility personnel who operate radiation machines. This includes Radiologic Technologists, fluoroscopy users, and any other qualified radiation machine operators.

Radiation Machine Operators #1

First Name * Last Name * License Number * License Expiration Date *

John Doe 123456 4/16/2025

Add Radiation Machine Operator

[Facility Personnel Screen](#)

Note: Click **Add Interpreting Physician/Add Radiation Machine Operator** to add a new record.

Continue to review personnel information for **Medical Physicists** and **Consultants**, followed by **Clicking Save & Go To Next Page**.

Medical Physicists

Medical Physicists #1

First Name * Last Name * Registration Number * Registration Expiration Date *

Example Example 123456 3/14/2025

Add Medical Physicist

Consultants

Service providers for any radiation machines.

Consultants #1

First Name * Last Name * Registration Number * Registration Expiration Date * Email Address *

Example Example 123456 4/11/2025 example@example.com

Area of Registration *

Calibration of radiation measurement equipment Diagnostic Radiology (example: mammography)

Installation and/or servicing of x-ray equipment Mammography Medical Physics

Personnel dosimetry services Shielding Design

Therapy Medical Physics Other

Other Area of Registration

Example

Add Registered Consultant

<< Go To Previous Page Save & Stay On This Page **Save & Go To Next Page >>** Exit

[Facility Personnel Screen](#)

Step 10: Review the machine details. Click **Add Machine** to enter additional record(s). Click **Save & Go To Next Page** after entering all the facility's machine(s) used for diagnostic radiography.

The screenshot shows a progress bar at the top with seven steps: 1. Organization Information, 2. Facility Personnel, 3. Machine Information (current step), 4. Shielding Design Plan, 5. eSignature, 6. Payment, and 7. Submit. Below the progress bar, the application number is RNE1000009. The section is titled "Machine Information" and includes the instruction: "Provide details for each machine used for diagnostic radiography at this facility." A form for "Machine #1" contains the following fields: Machine Type (dropdown menu with "Radiography" selected), Manufacturer (text input with "Example"), Model (text input with "Example"), Serial Number (text input with "123456"), and Installation Date (calendar icon with "11/3/2024" selected). A red "Delete" button is in the top right corner of the form. Below the form is a green "Add Machine" button. At the bottom, there are three navigation buttons: "<< Go To Previous Page", "Save & Stay On This Page", and "Save & Go To Next Page >>" (highlighted with a red border). A red "Exit" button is in the bottom right corner.

Machine Information Screen

Step 11: To report the removal of a machine, select 'Terminated', followed by entering the **Removal Date**, **Method of Disposal**, and providing any supporting documentation.

This screenshot is similar to the previous one but for application RRE1000003. It highlights the "Machine Disposition" section with red arrows and numbers. Arrow 1 points to the "Terminated" radio button, which is selected. Arrow 2 points to the "Removal Date" field, which contains "11/21/2024". Below this, the "Method of Disposal" section has four radio button options: "Disabled/cut the x-ray cord (machine no longer capable of taking x-rays)", "Disposed to town's hazardous waste site" (selected), "Waste broker", and "Transferred to another facility". Below the disposal options is the "Removal Supporting Documentation" section, which is a large grey area with a document icon and the text "Drag document(s) or click here". At the bottom, the same machine details form as in Step 10 is visible, including Machine Type (Radiography), Manufacturer (Example), Model (Example), Serial Number (123456), and Installation Date (11/3/2024).

Machine Information Screen

Step 12: Select **Yes** or **No** for the following question in the **Shielding Design Plan** section.

Home > My Licenses/Registrations > Mammography Facility License > Mammography Facility License - Renewal Application

1 Organization Info 2 Facility Personnel 3 Mobile Mammography Facility Sites 4 Mammography Machine Information 5 Shielding Design Plan 6 eSignature 7 Payment 8 Submit

Application #: MRE1000003

Shielding Design Plan

Prior to construction, a shielding plan shall be submitted to the Radiation Control Program for review and approval. The shielding design plan shall meet the requirements of Appendices "A" and "C" of CMR 120.420 and 120.422.

Is any construction or modification planned for the room(s) housing radiation machines? If so, an updated shielding design plan must be submitted. *

Yes No

<< Go To Previous Page Save & Stay On This Page Save & Go To Next Page >> Exit

Shielding Design Plan Screen

If **No**, click **Save & Go To Next Page**.

Home > My Licenses/Registrations > Mammography Facility License > Mammography Facility License - Renewal Application

1 Organization Info 2 Facility Personnel 3 Mobile Mammography Facility Sites 4 Mammography Machine Information 5 Shielding Design Plan 6 eSignature 7 Payment 8 Submit

Application #: MRE1000003

Shielding Design Plan

Prior to construction, a shielding plan shall be submitted to the Radiation Control Program for review and approval. The shielding design plan shall meet the requirements of Appendices "A" and "C" of CMR 120.420 and 120.422.

Is any construction or modification planned for the room(s) housing radiation machines? If so, an updated shielding design plan must be submitted. *

Yes No

<< Go To Previous Page Save & Stay On This Page Save & Go To Next Page >> Exit

Shielding Design Plan Screen

If **Yes**, a **Shielding Design Plan** is required. Upload the shielding design and supporting documents. Confirm the plan meets **Radiation Shielding and Safety Requirements**. To upload document(s), click within the document upload section.

Home > My Licenses/Registrations > Mammography Facility License > Mammography Facility License - Renewal Application

1 Organization Info 2 Facility Personnel 3 Mobile Mammography Facility Sites 4 Mammography Machine Information 5 Shielding Design Plan 6 eSignature 7 Payment 8 Submit

Application #: MRE1000003

Shielding Design Plan

Prior to construction, a shielding plan shall be submitted to the Radiation Control Program for review and approval. The shielding design plan shall meet the requirements of Appendices "A" and "C" of CMR 120.420 and 120.422.

Is any construction or modification planned for the room(s) housing radiation machines? If so, an updated shielding design plan must be submitted. *

Yes No

Upload shielding design plan and supporting documentation. *

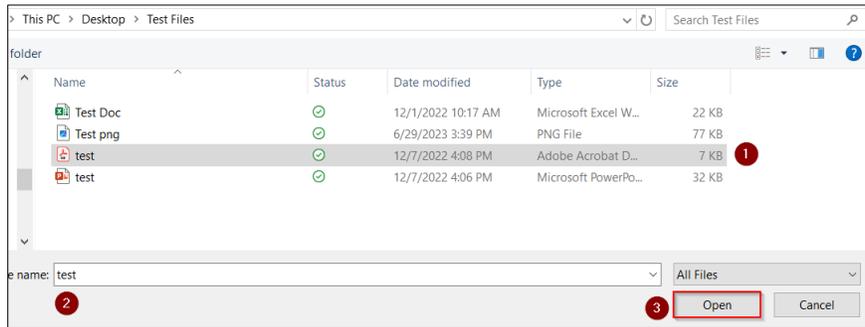
Drag document(s) or click here

Comments

Shielding Design Plan Screen

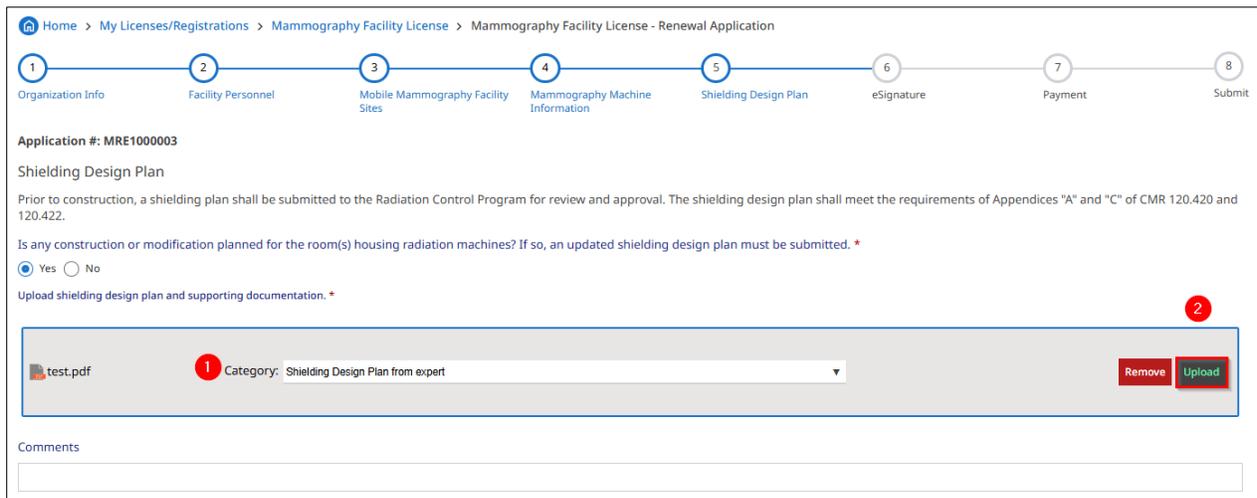
Note: There is also an option to drag and drop a file into this document section.

Locate the document to upload (exact steps may vary e.g., Mac v. PC, etc.)



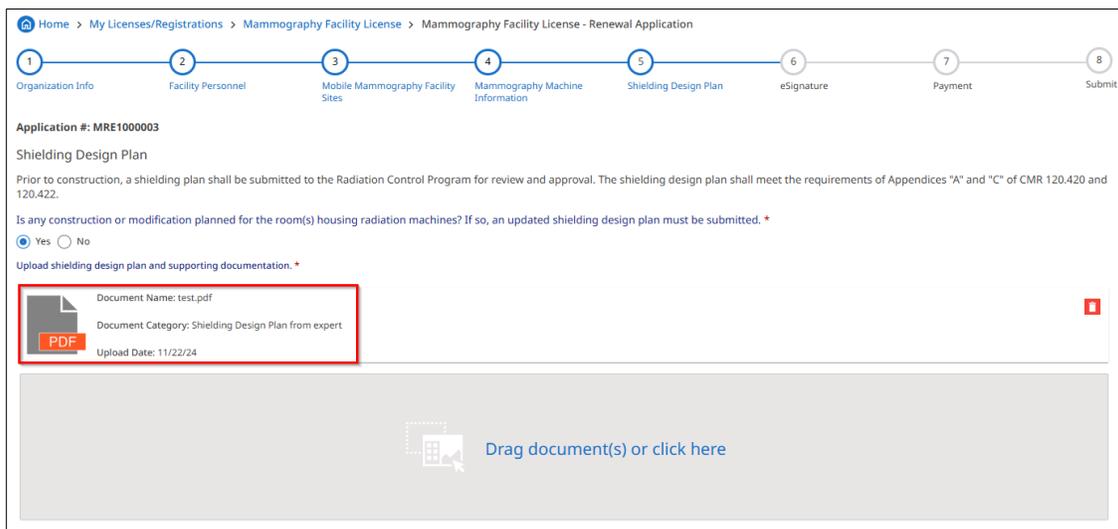
Shielding Design Plan Screen, Document Upload

Select a **Category** from the dropdown menu and click **Upload**.



Shielding Design Plan Screen, Document Upload

Review the **Document Name**, **Category** and **Upload Date** to ensure the document is uploaded successfully. Repeat the same process to upload additional documentation, if necessary.



Shielding Design Plan Screen, Document Upload

Note: Click the  icon to remove a document e.g., if the wrong document was uploaded, etc.

Step 13: Review the **Radiation Shielding and Safety Requirements**. Indicate if the plan meets each requirement. Enter comments as necessary.

Radiation Shielding and Safety Requirements

Responses to the following statements from 105 CMR 120.420: Appendix A are required for the evaluation and official approval of the shielding requirements for a radiation installation.

A. The plans show the normal location of the x-ray system's radiation port, the port's travel and transverse limits, general direction(s) of the useful beam; locations of any windows and doors; the location of the operator's booth and the location of the x-ray control panel. *

Yes No

Comments

B. The plans show the structural composition and thickness or lead equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned. *

Yes No

Comments

C. The plans show the dimensions of the room(s) concerned. *

Yes No

Comments

D. The plans show the type of occupancy of all adjacent areas inclusive of space above and, below the room(s) concerned. If there is any exterior wall, the plans show distance to the closest area(s) where it is likely that individuals will be present. *

Yes No

Comments

Shielding Design Plan Screen

Step 14: Click **Save & Go To Next Page** after completing the section.

2c. When the viewing system is a window, the following requirements also apply: The material constituting the window shall have at least the same lead equivalence as that required in the booth's walls in which it is mounted. *

Yes No

Comments

3. When the viewing system is by mirrors, the mirror(s) shall be so located as to accomplish the general requirements of 105 CMR 120.421: Appendix B section 4(A). *

Yes No

Comments

4a. When the viewing system is by electronic means, the camera shall be so located as to accomplish the, general requirements of 105 CMR 120.421: Appendix B section 4.(A). *

Yes No

Comments

4b. When the viewing system is by electronic means, there shall be an alternate viewing system as a backup for the primary system. *

Yes No

Comments

4c. When the viewing system is by electronic means, means shall be provided for the operator to be able to orally communicate with the patient at all times. *

Yes No

Comments

[<< Go To Previous Page](#) [Save & Stay On This Page](#) [Save & Go To Next Page >>](#) [Exit](#)

Shielding Design Plan Screen

Step 15: Read the eSignature statement, **check the box for I agree**, enter **Full name** followed by clicking **Save & Go To Next Page**

The screenshot shows the 'eSignature' step of a 7-step process. The steps are: 1. Organization Information, 2. Facility Personnel, 3. Machine Information, 4. Shielding Design Plan, 5. eSignature, 6. Payment, and 7. Submit. The application number is RRE1000003. The user is prompted to read a statement and agree to it. There is a checkbox for 'I agree *' with 'Yes' selected. Below this is a text input field for the 'Owner or Corporate Officer *' with 'Example' entered. At the bottom, there are navigation buttons: '<< Go To Previous Page', 'Save & Stay On This Page', 'Save & Go To Next Page >>', and 'Exit'. Red callout boxes with numbers 1 through 4 highlight the 'I agree *' checkbox, the 'Owner or Corporate Officer *' text field, the 'Save & Go To Next Page >>' button, and the 'Exit' button respectively.

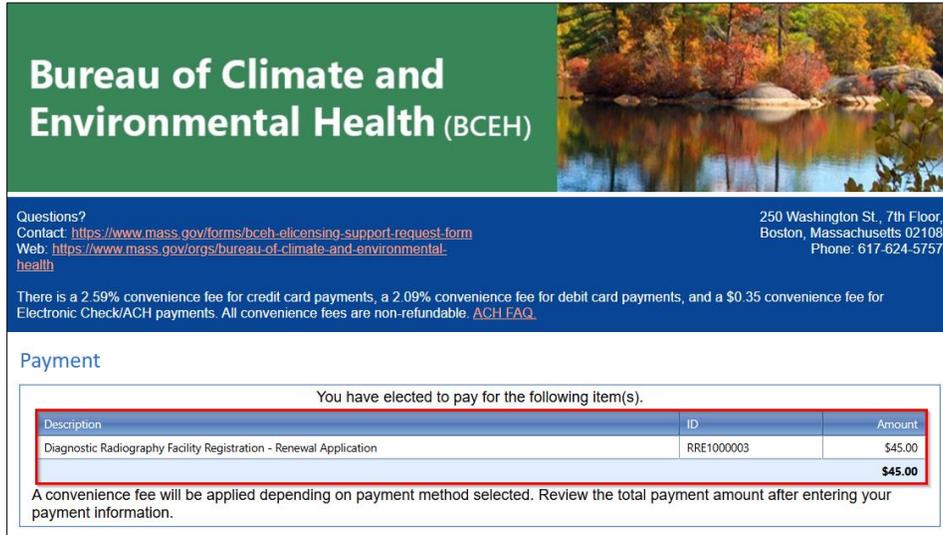
eSignature Screen

Step 16: The **Payment** section provides an overview of the payment process. Review the **Important Note** and **Amount Due** based on the number of DRAD machines specified in the application. Click **Pay Fee** to advance to the page where payment info will be collected

The screenshot shows the 'Payment' step of the 7-step process. The application number is RRE1000003. A prominent red warning box says 'PLEASE READ THIS BEFORE PROCEEDING' and states: 'You are about to be redirected to a third-party payment site. This is NOT the last step in the application process. Your application will NOT be completed until you: Click: Pay Fee below, Return here after paying (This will happen automatically as long as you keep your browser open), Click: Go to Next Page >>, Click: Submit'. Below this, it says 'You will receive an email confirming the application submission and another email receipt confirming your payment. Failure to complete these steps will result in an INCOMPLETE application and you will risk license expiration for incomplete renewals and delays in processing for all other incomplete applications. Please make a payment online with a credit or debit card or an ACH payment by clicking the "Pay Fee" button below. Please note: Online payments are subject to a non-refundable convenience fee.' At the bottom, there is a text field showing 'Amount Due: \$45.00' and a 'Pay Fee' button. Red callout boxes with numbers 1 through 3 highlight the warning box, the 'Amount Due: \$45.00' text, and the 'Pay Fee' button respectively.

Payment Screen

Step 17: Applicants are directed to the secure payment page. Note the Description, ID, and Amount in the Payment section.



Bureau of Climate and Environmental Health (BCEH)

Questions?
 Contact: <https://www.mass.gov/forms/bceh-licensing-support-request-form>
 Web: <https://www.mass.gov/orgs/bureau-of-climate-and-environmental-health>

250 Washington St., 7th Floor,
 Boston, Massachusetts 02108
 Phone: 617-624-5757

There is a 2.59% convenience fee for credit card payments, a 2.09% convenience fee for debit card payments, and a \$0.35 convenience fee for Electronic Check/ACH payments. All convenience fees are non-refundable. [ACH FAQ](#).

Payment

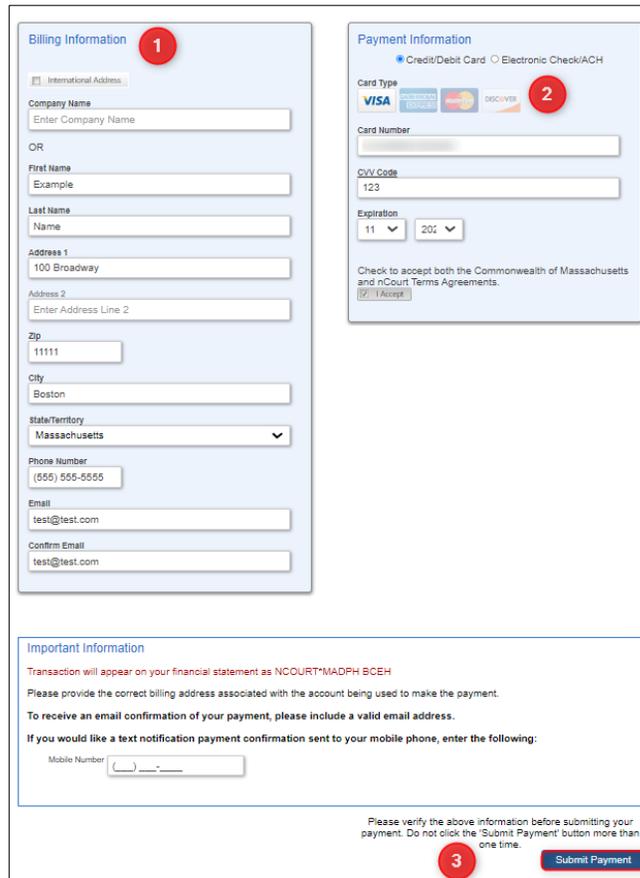
You have elected to pay for the following item(s).

Description	ID	Amount
Diagnostic Radiography Facility Registration - Renewal Application	RRE1000003	\$45.00
		\$45.00

A convenience fee will be applied depending on payment method selected. Review the total payment amount after entering your payment information.

Payment Details Screen

Step 18: Complete the **Billing Information** and **Payment Information** fields, followed by clicking **Submit Payment** at the bottom of the page



Billing Information 1

International Address

Company Name
 Enter Company Name

OR

First Name
 Example

Last Name
 Name

Address 1
 100 Broadway

Address 2
 Enter Address Line 2

Zip
 11111

City
 Boston

State/Territory
 Massachusetts

Phone Number
 (555) 555-5555

Email
 test@test.com

Confirm Email
 test@test.com

Payment Information

Credit/Debit Card Electronic Check/ACH

Card Type
 VISA American Express Mastercard DISCOVER 2

Card Number

CVV Code
 123

Expiration
 11 201

Check to accept both the Commonwealth of Massachusetts and nCourt Terms Agreements.
 I Accept

Important Information

Transaction will appear on your financial statement as NCOURT\MADPH BCEH

Please provide the correct billing address associated with the account being used to make the payment.

To receive an email confirmation of your payment, please include a valid email address.

If you would like a text notification payment confirmation sent to your mobile phone, enter the following:

Mobile Number () - -

Please verify the above information before submitting your payment. Do not click the "Submit Payment" button more than one time.

3 **Submit Payment**

Enter Payment Information Screen

Step 19: Following payment, applicants are directed back to the system. A receipt will also be sent to the email address provided. Please review the payment details followed by clicking **Go To Next Page**.

Payment Screen

Step 20: The Submit screen provides a chance to application prior to submitting. Review the instructions and check the application for accuracy. Click **Submit Application**.

Submit Screen

Note: Click **Go to Previous Page** to make any corrections, if necessary

Step 21: Applicants are returned to their **My Licenses/Registrations** page after submitting the application. This page provides an opportunity to view your License(s) and complete any further actions including **starting a new application, viewing the status of an application, viewing/printing an application, downloading Wall Certificate(s)** and more.

The screenshot shows a web interface with a breadcrumb trail: Home > My Licenses/Registrations > Diagnostic Radiography Facility Registration. Below the breadcrumb, a message states: "This page provides details about your application(s) for Diagnostic Radiography Facility Registration. You may use this page to:" followed by a bulleted list: "Start a brand new application", "View the status of your applications", "Return to an application that is in progress and not yet submitted", and "Withdraw an application that is in progress, but has not been submitted". A link "navigating to this page" is provided. The main content area shows "License # R10009 | Example | Example Example, MA 02123 (Active)" with a note "Your License is Active as of 11/22/2024 and will expire on 12/31/2024." Below this is a section for "Diagnostic Radiography Facility Registration - Renewal Application | Example | (Pending)" with "Application #: RRE1000003". A message states: "You have submitted an application (# RRE1000003) on 11/22/2024. Your application is being reviewed by the Department. If you wish, you may review the application you have submitted by clicking on the 'View Application' button below." A "View Application" button is visible. At the bottom, a "License Documents" section contains a link for "Diagnostic Radiography Facility Registration Wall Certificate" with a "Download" button.

[My Licenses/Registrations Screen](#)

Created by the Digital Transformation Office (DTO) v.1.0

For additional resources, please visit the BCEH e-Licensing User Guide link: [Bureau of Climate and Environmental Health eLicensing System User Guide | Mass.gov](#)