

Allied Mental Health and Human Services Professions:

- Mental Health Counselor Marriage and Family Therapist Rehabilitation Counselor
- Applied Behavior Analyst Assistant Applied Behavior Analyst
- Educational Psychologist

Social Workers:

- Licensed Independent Clinical Social Worker Licensed Certified Social Worker
- Licensed Social Worker Licensed Social Worker Associate

Psychologists:

- Psychologist – Health Service Provider Psychologist

Background Questions

1. Besides the license(s) noted above, do you hold or have you held any other professional license in any jurisdiction?

Yes: No:

Name of License(s) in Issuing State(s), License Number(s), and State(s):

For questions 2-6, if your answer is yes, please state details on a separate sheet.

2. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?

Yes: No:

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?

Yes: No:

4. Have you voluntarily surrendered a professional license to a licensing board in any jurisdiction?

Yes: No:

5. Have you ever applied for and been denied a professional license in any jurisdiction?

Yes: No:

6. Have you been convicted of a felony or misdemeanor in any jurisdiction?

Yes: No:

Attestation

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for registration is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Allied Mental Health and Human Services Professions, Social Workers, or Psychologists to suspend or revoke a license or registration issued to me in accordance with Massachusetts Law. I further agree that I will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of the profession for which a license is issued to me.

Name and Signature:

Signature of Applicant

Print Name

Date

Board Contact Information

Fax Number: (617) 727-1627 (please put "Temporary License Application" on the cover sheet)

Mailing Address:

Board of [Allied Mental Health and Human Services Professions], [Social Workers], or [Psychologists]
Attn: Temporary Licenses
Division of Professional Licensure
1000 Washington Street
Suite 710
Boston, MA 02118

**COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a 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 Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure 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 the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL 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 OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

