



TEMPORARY Licensure by Reciprocity Application

Please note TEMPORARY licensure is no longer valid when the Public Health Emergency is NO longer in effect

Select Application Type: Genetic Counselor [] Perfusionist []
Community Health Worker [] Nursing Home Administrator []

To complete this application you must answer all required questions. Please read each question carefully and provide accurate information.

Personal Information

Social Security Number*: _____

Birth Date: _____

Phone Number: _____

Email: _____

Full Legal Name (As it appears on your government issued ID or other legal documentation.):

First Name

Middle Name

Last Name

Maiden Name

Mailing Address:

_____ Apt/Ste # _____

United States

City

State

Zip

Country

Please list below your initial license information for the temporary license type you are applying for in Massachusetts and license information for the state you are currently practicing.

	State	License Number	Year Issued
Initial State of Licensure			
List all states of Licensure (add additional pages if necessary)			

Attestation: Under the penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct and complete. I understand that any falsification or misrepresentation of any item on this application may be a sufficient basis for denying or revoking a license. I also declare I will cease to practice in the Commonwealth of Massachusetts when the Emergency order is no longer in effect

SIGNATURE: _____ **DATE:** _____

To submit this form: fax securely to: (617) 973-0980, or mail to 239 Causeway St., Suite 500, 5th Floor, Boston, MA 02114, at the ATTN of the applicable Board.