



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street, Suite 710
Boston, MA 02118-6100
www.mass.gov/dpl
617-701-8600

Mental Health Practitioner Emergency Temporary License Application

On March 10, 2020, Governor Charles D. Baker declared a State of Emergency in the Commonwealth to respond to the spread of COVID-19. To maximize the availability of mental health care services during this state of emergency, the Boards of Allied Mental Health and Human Services Professions, Social Workers, and Psychologists have been authorized to issue temporary licenses using a streamlined process without a fee to licensed out-of-state practitioners who are currently in good standing in their jurisdiction and have an equivalent license to one of the licenses listed below. The temporary emergency license is **only valid during the state of emergency**. Please see a copy of the [Executive Order](#) for more information.

You must complete this application in full and provide a complete, signed, and notarized Criminal Offender Record Information (CORI) form, a copy of which is attached. Please submit the entire application, including the CORI form, to the fax number or address given at the end of this application. Do NOT submit the application via email.

After the Board receives and approves your application, you will receive an approval letter with your temporary license number.

Applicant Information

Name: _____
Last First Middle

Street Address _____

City State Zip

Telephone Number: _____ Email Address: _____

Last six digits of Social Security number: XXX-_____-_____- Date of Birth: ____/____/_____
MM /DD /YYYY

Equivalent License Type

Please include your license number and state where it was issued below and check the box next to the equivalent license type. You may be required to provide proof that your license is equivalent to a license in Massachusetts. Please note that you must have a current license in good standing to receive a temporary license.

Name of License in Issuing State, License Number, and State:

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.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

* Social Security Number: - -

Sex: Height: ____ ft. ____ in. Eye Color: ____

Driver's License or ID Number: State of Issue: ____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee

Date

SECTION B: VERIFICATION BY NOTARY:

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

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.

Notary Public:

Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).