

The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Professions Licensure
 Drug Control Program
 250 Washington Street, 3rd Floor, Boston, MA 02108
 Tel: 617-973-0800
 TTY: 617-973-0988
 www.mass.gov/dph/boards



**AFFIDAVIT TO VERIFY SOCIAL SECURITY NUMBER
 AND DATE OF BIRTH**

Full name: _____
 (Last) (First) (Middle) (Maiden/Previous)

Address: _____
 (No.) (Street) (City) (State/Country) (Zip/Postal Code)

Date of Birth: _____ Social Security Number: _____ - _____ - _____
 (mm/dd/yyyy)

License Type: _____ MCSR Number: _____

- I understand that the Bureau of Health Professions Licensure ("Bureau") is required by law (Mass. Gen. Laws ch. 30A, s. 13A and ch. 119A, §16) to collect the Social Security Number of every licensee and applicant.
- I verify that the above-referenced Social Security Number is the number that the Social Security Administration issued to me, and that it is both accurate and valid.
- I understand that if the above-referenced Social Security Number or Date of Birth is invalid or inaccurate, the Program shall not renew my registration until corrected.
- I am submitting this form for the following purpose (please check one):
 - I am correcting an inaccurate social security number.
I have attached proof of my Social Security Number to this Affidavit.
 - I am correcting an inaccurate DOB.
I have attached a copy of my birth certificate or a current photo ID with DOB.

ATTESTATION:

By signing this Affidavit, I certify, under the pains and penalties of perjury, that the information provided herein is truthful and accurate.

 (affiant)

On this ____ day of _____, 20____, before me, the undersigned notary public, _____, (affiant) personally appeared proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

 Notary Public

My commission expires: