



The Commonwealth of Massachusetts  
 Division of Professional Licensure  
 1000 Washington Street Suite 710  
 Boston, MA 02118-6100  
 www.mass.gov/dpl  
 617-727-3074

## Mental Health Practitioner Emergency Temporary License Reinstatement 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, upon request, to reinstate certain licenses that are expired using a streamlined process without a fee. Licenses that are reinstated under this process are **only valid during the state of emergency and for 90 days thereafter**. In order to be eligible for this temporary license, your prior license must have expired **after March 10, 2010**. Please see a copy of the [Executive Order](#) for more information.

You must complete this application and provide the following: (1) a signed Criminal Offender Record Information (CORI) form, a copy of which is attached; and (2) for each jurisdiction where you are or have been licensed, list the jurisdiction, license number and type of license. You may submit the application **ONLY** through email, and must mail or fax the CORI form separately. Do **NOT** submit the CORI form via email. If you are submitting the entire application through facsimile or mail, please submit all documents together, to the appropriate address given at the end of this application.

**After the Board receives and approves your application, you will receive an approval letter.**

### Applicant Information

**Name:** \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
 Street Address City State Zip

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Last four digits of Social Security number:** XXX-XX-\_\_\_\_\_

### Massachusetts License Information

**License Type and License Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ (must be after March 10, 2010)

**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):**

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**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:**

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Signature of Applicant

Print Name

Date

**Board Contact Information**

**Email Address (please put “Temporary License Reinstatement” in the subject line):**

**Do NOT send your CORI form through email. Please submit the application form ONLY and mail or facsimile the CORI form to the relevant Board using the information below.**

Allied Mental Health: amh.board@mass.gov  
Social Workers: swboard@mass.gov  
Psychologists: pyboard@mass.gov

**Mailing Address:**

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

**Facsimile Number (please put “Temporary License Reinstatement” in the subject line):**  
(617) 727-1627

**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:<sup>1</sup>

- 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:<sup>1</sup>

- 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

<sup>1</sup> 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).