



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street, Boston, MA 02108-4619

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Tel: 617-624-6000
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WORK STATUS ACTIVITY LOG

Job Search Requirements:

While you are not working and subject to a Consent Agreement/Final Decision and Order, **you must:**

- ✓ Look for work.
- ✓ Submit this monthly record of your work searches to prove you are looking for work.

Job Search Log

Name: _____ License No.: _____

Job Search Dates: From _____ To _____

Date	Position	Employer (company) Name and Address, Phone Number , Website URL	Contact Person/Hiring Manager	HOW CONTACTED: (online, phone, mail, job fair, networking, etc.)	RESULT (hired, interview, pending, no response)

NOTES: You may attach additional pages to this Log as needed. Please send via email to your Probation Department, fax to 617-973-0983 or send by US First Class Mail to the address above.

I hereby attest that I have searched for jobs in my profession as described above.

Signature: _____ Date: _____