

**Commonwealth of Massachusetts**  
**Committee on Acupuncture**  
Policy Statement 2015-01

(Adopted March 26, 2015)

**CORI POLICY FOR LICENSING PURPOSES**

Where Criminal Offender Record Information (CORI) and other criminal history information may be part of a general background check for licensing purposes, the following practices and procedures will be followed. [Please note that Policy Statement 2015-01 applies to license applications received by the Committee on Acupuncture on or after June 1, 2015.]

**I. CONDUCTING CORI SCREENING**

CORI checks will only be conducted as authorized by the Department of Criminal Justice Information Services (“DCJIS”) and M.G.L. c. 6, §172, and only after a CORI Acknowledgement Form has been completed (Tab 1).

If a new CORI check is to be made on an applicant within a year of his/her signing of the CORI Acknowledgement Form, the applicant shall be given seventy-two (72) hours’ notice that a new CORI check will be conducted.

**II. ACCESS TO CORI**

All CORI obtained from the DCJIS is confidential, and access to the information must be limited to those individuals who have a “need to know”. The Director of Licensing must maintain and keep a current list of each individual authorized to have access to, or view, CORI. This list must be updated every six (6) months and is subject to inspection upon request by the DCJIS at any time.

**III. CORI TRAINING**

An informed review of a criminal record requires training. Accordingly, all personnel authorized to review or access CORI for licensing purposes at the Committee on Acupuncture (COA) will review, and will be thoroughly familiar with, the educational and relevant training materials regarding CORI laws and regulations made available by the DCJIS and will attest to completion of CORI training.

**IV. USE OF CRIMINAL HISTORY IN BACKGROUND SCREENING**

Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of eligibility based on background checks will be made consistent with this policy and any applicable law and/or regulations.

## **V. VERIFYING AN APPLICANT'S IDENTITY**

An individual who is authorized to review CORI received from the DCJIS will closely compare the information on the CORI Acknowledgement Form and any other identifying information provided by the applicant to ensure the record belongs to the applicant.

## **VI. INQUIRING ABOUT CRIMINAL HISTORY**

The applicant shall be provided with a copy of the criminal history record, whether obtained from the DCJIS or from any other source, prior to questioning the applicant about his or her criminal history. The source(s) of the criminal history record is also to be disclosed to the applicant.

## **VII. DETERMINING ELIGIBILITY**

If a determination is made, based on the information as provided in Section V of this policy, that the criminal record belongs to the applicant, and the applicant does not dispute the record's accuracy, then the determination of eligibility for the license will be made. Unless otherwise provided by law, factors considered in reviewing an applicant's criminal history may include, but not be limited to, the following:

- (a) Relevance of the record to the license sought;
- (b) Time since the conviction;
- (c) Age of the applicant at the time of the offense;
- (d) Seriousness and specific circumstances of the offense;
- (e) The number of offenses;
- (f) Whether the applicant has pending charges;
- (g) Any relevant evidence of rehabilitation or lack thereof; and
- (h) Any other relevant information, including information submitted by the applicant or requested by COA.

The applicant is to be notified of the decision and the basis for it in a timely manner.

## **VIII. CORI DISPUTES**

If criminal history information provided by an applicant and the results of a criminal history background check do not match, the applicant will be notified immediately. The applicant shall be provided with a copy of COA's CORI policy and a copy of the criminal history. The source(s) of the criminal history will also be revealed. The applicant will then be provided with an opportunity to dispute the accuracy of the CORI record. Applicants shall also be provided a copy of DCJIS's ***Information Concerning the Process for Correcting a Criminal Record*** (<http://www.mass.gov/eopss/crime-prev-personal-sfty/bkgd-check/cori/cori-forms-and-applications.html>).

## **IX. SECONDARY DISSEMINATION LOGS**

All CORI obtained from the DCJIS is confidential and can only be disseminated as authorized by law and regulation. A central secondary dissemination log shall be used to record any dissemination of CORI outside COA, including dissemination at the request of the applicant.

## **X. PENALTIES FOR KNOWING UNAUTHORIZED DISCLOSURE OF CORI**

The penalty for each violation of the CORI Law includes imprisonment in a jail or house of correction for not more than 1 year or by a fine of not more than \$5,000 or by both such fine and imprisonment, and in the case of an entity that is not a natural person, the amount of the fine may not be more than \$50,000 for each violation.

03.2015

Tab 1

**Board of Registration in Medicine**  
**200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880**  
**Telephone: (781) 876-8210 Fax: (781) 876-8383**  
[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

**COMMITTEE ON ACUPUNCTURE**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGMENT FORM**

The Committee on Acupuncture of the Board of Registration in Medicine is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening license applicants.

As a license applicant, 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 Committee on Acupuncture 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 Committee on Acupuncture written notice of my intent to withdraw consent to a CORI check.

The Committee on Acupuncture may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Committee on Acupuncture must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Signed under the penalties of perjury, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

**SUBJECT INFORMATION:** An 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

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ft. \_\_\_\_\_in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                                      Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, 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:

\_\_\_\_\_