



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Bureau of Health Professions Licensure  
 239 Causeway Street, Boston, MA 02114

CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

MONICA BHAREL, MD, MPH  
 Commissioner

**AFFIDAVIT OF MILITARY SERVICE STATUS**

I, \_\_\_\_\_ being duly sworn, do depose and state under the penalties of perjury that:  
 (please print full name)

- I am engaged in the active service of the armed forces as defined in M.G.L. ch. 4, §7, cl. 43. The start date and end date for my current tour are: \_\_\_\_\_ to \_\_\_\_\_  
 (start date) (end date)
- Within 90 days of discharge from active military duty, I will notify the Division of Health Professions Licensure of my discharge, in writing, and I will include a copy of my Report of Separation (DD-214).
- I am attaching to this affidavit a copy of my military identification card and a copy of my military orders on which I have circled or highlighted the start and end dates for my current tour.
- I am submitting this affidavit to demonstrate applicability of VALOR Act provisions to:
  - an existing MA license/registration/certification already issued: \_\_\_\_\_  
 (license/registration/certificate no.)
  - an application for a licensure/registration/certification for one of the following:

**Board of Certification in  
 Community Health Workers**  
 Community Health Worker

**Board of Registration in Nursing**  
 Licensed Practical Nurse  
 Registered Nurse  
 Advanced Practice Auth.

**Board of Registration in  
 Pharmacy**  
 Pharmacist  
 Pharmacy Technician

**Board of Registration in  
 Dentistry**  
 Dentist  
 Dental Hygienist  
 Dental Assistant

**Board of Registration in Nursing  
 Home Administrators**  
 Nursing Home Administrator

**Board of Registration in  
 Physician Assistants**  
 Physician Assistant

**Board of Registration of Genetic  
 Counselors**  
 Genetic Counselor

**Board of Registration of  
 Perfusionists**  
 Perfusionist

**Board of Respiratory Care**  
 Respiratory Therapist

- I understand that unless I already possess a MA license/registration/certification, I need to separately submit an application, and additional documents in the manner specified on the application form or related instructions for the specific type of license, registration or certification that I seek.

Subscribed and sworn by me under the pains and penalties of perjury on this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 (Signature)

On this \_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, 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: \_\_\_\_\_