



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 VETERAN STATUS

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

- I was engaged in the active service of the armed forces as defined in M.G.L. ch. 4, §7, cl. 43 during the period from _____ to _____.
 (start date) (end date)
- I am attaching to this affidavit (1) a copy of my military identification card and (2) a copy of my Report of Separation (DD-214).

- 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: _____