



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 SPOUSE STATUS

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

- I am a professional _____ and I currently hold a registration, certificate and/or license in a state other than the Commonwealth of Massachusetts to practice in this capacity.
- My spouse is a member of the armed forces of the United States. My spouse is the subject of a military transfer to the Commonwealth of Massachusetts. I left employment in another state to accompany my spouse to the Commonwealth of Massachusetts.
- I have attached to this affidavit (1) a copy of my license/certificate/registration, (2) a copy of my military identification card, and (3) a copy of my spouse's transfer orders to this affidavit.
- I am submitting this affidavit to demonstrate applicability of VALOR Act provisions to my 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
 Dentistry**
 Dentist
 Dental Hygienist
 Dental Assistant

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

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

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

**Board of Registration of
 Perfusionists**
 Perfusionist

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

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

Board of Respiratory Care
 Respiratory Therapist

- I understand that 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: _____