COMMONWEALTH OF MASSACHUSETTS BOARD OF REGISTRATION IN ALLIED HEALTH PROFESSIONS 1000 Washington St. Suite 710 Boston, MA 02118

www.mass.gov/dpl/boards/ah

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, 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 Division of Professional Licensure 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 Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my conse of this Acknowledgement Form is true	nt to a CORI check and acknowledge that the e and accurate.	information provided on Page 2
Signature	Date	
Please provide the name of the board	of registration and license type for which you	are applying or currently hold:
Board of Registration	License Type	

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFO	RMATION:	(A red asterisk (*	*) denotes a requ	iired field)					
*Last Name		*First Name		Middle Name			Suffix		
*Maiden Name (or other name	e(s) by which you	u have been kno	wn)					
*Date of Birth Place of Birth									
*Last Six Digits of	of Your Soci	al Security Numb	oer:						
Sex:	Height:	_ ft in.	Eye Color: _						
Driver's License or ID Number: State of Issue:									
Current and Form	ner Addresse	s:							
Street Number &	Name	City/I	Γown	Sta	ite	Zip		<u></u>	
Street Number &	t Number & Name City/Town		Sta	ite	Zip				
IDENTITY vendor, this S VERIFICATION	Section m	ust be compl		rior to su	bmiss	ion to th	ne Board's	s applicat	
On this			0, before document signer),						
□ Passpo	rt State-iss	ued driver's licens	e 🗆 Military iden	ntification S	tate-issue	ed identificati	on card		
to be the person voluntarily for its s			eceding or attach	ed document,	and ackn	owledged to	me that (he) (s	the) signed it	
Notary Pu	blic:	Notary Commission Expires On							