

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION OF MA BOARD OF ALLIED HEALTH
1000 Washington Street, 7th Floor
Boston, MA 02118
www.mass.gov/dpl/boards/ah**

CRIMINAL OFFENDER RECORD INFORMATION REQUEST FORM

The Board has received certification by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Your signature on this application allows the Board to conduct criminal background checks for conviction, non-conviction, and pending criminal case information only, on an ongoing basis, and that it will not necessarily disqualify you from licensure (or later license renewal). Other Federal and professional records may also be checked. The Board will not deny you a license (license renewal) based on criminal information prior to giving you an opportunity for a limited appearance before the Board.

Applicant Information (Please Print)

ID Theft Index PIN: _____¹

_____ Last Name First Name Middle Name

_____ Maiden Name or Alias (if applicable) Date of Birth

_____ Current Address

_____ Most Recent Previous Address

State Driver's License Number _____

_____ Signature of applicant Date

NOTARIZATION

On _____
Month/Day/Year Print Name of Notary Public Signature of Notary Public

My Commission expires on _____
Date

On this ____ day of _____, 20____, before me, _____ the undersigned notary public, personally appeared _____ (Applicant's name), proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence, 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.

_____ (Official signature)

_____ (Name & commission expiration of Notary)

SEAL

_____ Signature of CORI Authorized Employee (for Board use only) Date

¹ Only applicable if the individual has been enrolled in the NCIC Identity Theft File by the CHSB