



Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Pharmacy
250 Washington Street, Boston, MA 02108-4619

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MARYLOU SUDDERS
Secretary

MARGARET R. COOKE
Acting Commissioner

Foreign Applicant Affidavit

I, the undersigned license applicant, state as follows:

1. My full name is:

(Last) (First) (Middle) (Maiden/Previous)

2. **I am a foreign national not physically present in the United States.** I am currently residing at the following address:

(Street) (City/Town) (State/Province) (Country) (Postal code)

3. I have submitted an application for licensure to the Board of Registration in/of (check one):
 Dentistry Respiratory Care Nursing Home Administrators Naturopathy
 Nursing Physician Assistant Genetic Counselors
 Pharmacy Perfusion Community Health Workers

4. I have not been assigned a Social Security Number by the United States Social Security Administration. I am not eligible for a Social Security Number at this time.

5. I understand that I must apply for a Social Security Number as soon as I am eligible. I understand that once I have been assigned a Social Security Number, I must immediately complete and submit a copy of my social security card to the licensing board.

6. I understand that a license issued to me in the absence of a social security number will not be renewed until or unless I provide a valid Social Security Number to the licensing board.

7. I understand that providing false, invalid or inaccurate information on this affidavit may result in the disciplinary action against, or cancelation of, any license issued to me.

I certify that the information provided herein is truthful and accurate.

(Signature of License Applicant)

Date