



BILLERICA BOARD OF HEALTH
TOWN HALL
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BILLERICA, MA 01821
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BILLERICA BOARD OF HEALTH
APPLICATION FOR LICENSURE OF PROFESSIONAL PRACTITIONER OF
BODYWORK THERAPY

Pursuant to Billerica Board of Health Regulations Chapter 3, Section 3.2.001

PLEASE PRINT

___ **NEW** ___ **RENEWAL** (for renewal applications, please complete section 1 in its entirety)

Be sure to SIGN application prior to submission.

FEE

1. Name _____ Date of Birth _____
Home Address _____ Telephone _____
Email Address _____
Business Name _____ Telephone _____
Business Address _____

LICENSED ESTABLISHMENT IN BILLERICA WHERE YOU EXPECT TO BE EMPLOYED:

ATTACH PICTURE HERE

2. EDUCATIONAL BACKGROUND:

Please attach a list of courses completed, degrees or certifications earned, in preparation for your work as a bodywork therapist. Include:

- * Name of professional/training school or institute attended:
- * Address of school or institute:
- * Telephone #
- * Attach a copy of the degree/certification received upon completion of your coursework for each discipline you are being licensed for. (The Health Board reserves the right to call the schools and verify your attendance).

3. WORK EXPERIENCE:

Please attach a COPY OF YOUR WORK HISTORY. (List your experience working as a Massage/muscular or body work therapist first and then other employers, listing the most recent first. Name, address and telephone numbers are needed.

4. Submit a certified copy of your birth certificate, or its equivalent, as well as a second form of positive identification, at the time of application you are at least eighteen (18) years of age.
5. Attach a signed passport type photograph (at least 2" x 2") of yourself taken within the preceding 30 days.
6. Submit proof of a skin test for tuberculosis taken within the preceding twelve (12) months.
7. If previously licensed, provide satisfactory evidence of being certified by an authorized licensing authority, or its equivalent or successor organization which shall be submitted directly to the Board of Health by that licensing agency.
8. Professional references: Submit two (2) original letters from health care professionals attesting to the applicant's personal character and professional ethics.
9. Complete a release of Criminal Offenders Record Information (CORI) to authorize the Board to receive your criminal history report.
10. You must disclose the circumstances surrounding any of the following:
 - a. Disclosure of any conviction for any sexual-related offense, including prostitution or sexual misconduct, rape as well as other Felony against persons occurring within the past ten (10) years.
 - b. Revocation or denial of a license to practice bodywork issued by any state or municipality.
 - c. Loss or restriction of licensure or certification by any jurisdiction for any reason.
11. Submit a non-refundable application fee in accordance with the most recent Board of Health Fee Schedule.

___ Massachusetts Association of Body-Oriented Psychotherapists and Counseling
Bodyworkers

___ Massachusetts Professional Bodyworkers Association

___ The School for Body-Mind Centering, Inc.

___ The Rolf Institute

___ The Advisory Board

___ The Trager Institute

Please note that all documents submitted for licensure purposes become the property of the Board and will not be returned.

I hereby certify, upon the pains and penalties of perjury, that I have read and understand the content of this Application, and that the information provided in this application and submitted in support hereof is true, accurate and complete to the best of my knowledge. Furthermore, I have read understand and agree to abide by the Rules and Regulations Governing the Practice of Bodywork Therapy.

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Professional Practitioner

Signature of Professional Practitioner Date

Social Security # / Federal Identification #

RECEIVED

Commonwealth of Massachusetts

Middlesex, ss _____, 20____

On the above referenced date, before the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, to be the person show name is signed on the attached license application, and acknowledged to me that he/she signed it voluntarily for its intended purpose.

Notary Public

My Commission Expires: