



**Applicant Name:** \_\_\_\_\_  
Print Date

**List Complete Name and Location of Establishment(s) at which you are currently employed:**

Establishment Name	Establishment Address

**Please answer the following questions:**

Have you ever had a revocation, restriction or denial of a permit or license to practice bodywork issued by *any* state or municipality or jurisdiction for any reason:      No            Yes (if so, attach disclosure\*)

Have you ever had a revocation, restriction or denial of a certificate issued by *any* jurisdiction or certification body:      No            Yes (if so, attach disclosure\*)

Applicant is at least 21 (twenty-one) years of age or older:      Yes            No

Applicant can communicate effectively in English:      Yes            No

I allow one front faced digital photograph to be taken by the Hudson Health Department at the time of this license application's submission to be attached to the license, if granted.      Yes            No

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**Documents to be attached to this Application for Individual Bodywork Therapist:**

<input type="checkbox"/> Non-refundable application fee of \$100	<input type="checkbox"/> Copy of High School Diploma or equivalent
<input type="checkbox"/> Copies of two (2) forms of satisfactory identification	<input type="checkbox"/> Massachusetts Physician's Letter, on its official letterhead, dated no earlier than six months prior to submittal of this application
<input type="checkbox"/> Complete CORI/SORI Request Form	
<input type="checkbox"/> If applicable, disclosures as specified above*	<input type="checkbox"/> Two (2) original letters from health care professionals attesting to personal character and professional ethics
<input type="checkbox"/> Copy of professional certification(s)	<input type="checkbox"/> A signed passport type photo taken within last 30 days

THE TOWN OF HUDSON BOARD OF HEALTH RULES AND REGULATIONS GOVERNING THE PRACTICE OF BODYWORK, AS PROMULGATED BY THE BOARD OF HEALTH, PURSUANT TO ITS AUTHORITY UNDER M.G.L. CHAPTER 111, SECTION 31, HAS BEEN PROVIDED TO APPLICANT WITH THIS APPLICATION BY THE TOWN OF HUDSON HEALTH DEPARTMENT.

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**ACKNOWLEDGMENT**

*I have read and agree to abide by the Hudson Board of Health Rules and Regulations Governing the Practice of Bodywork (Regulation 17-1), copy of which has been furnished to me. By signing this application, I declare, under the penalty of perjury, that the forgoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.*

*By signing this acknowledgment, I authorize the Town of Hudson, its agents, and employees to seek information and to conduct an investigation into the truth of the statements set forth in this application which shall include both a Criminal Offender Records Information and a Sexual Offender Records information request with the Criminal System History Board.*

*By signing this application, I understand that establishments and therapists are subject to inspections, as specified in the Regulations, by the Department or its authorized agent(s) during all times of operation. I understand the failure to abide by these Regulations may result in revocation of my license to practice bodywork.*

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Signature of Applicant Print Name

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Date