TOWN OF WEBSTER
Health Department
350 Main St. Webster, MA 01570
(508) 949-3800 x4002

Public Health
Prevent. Promote. Protect.

Camille Griffin, MPH, REHS/RS
Health Director

Danyel Guiou
Health Agent

Bodywork Practitioner (Individual) Permit Application

Complete the application below truthfully and completely. Please print legibly. Incomplete application and missing documents may delay the review process and issuing a permit.

If a Bodywork Practitioner's Permit has NOT been obtained or is in the process of obtaining a Permit, the individual CANNOT perform Bodywork until a permit has been obtained. Each Practitioner is required to obtain a valid Permit issued by the Webster Health Department.

Bodywork is the practice of a person representing themselves as a bodyworker or bodywork therapist, or the practice of a person using primarily touch to manipulate tissue, which does not constitute massage as defined in

1. Applicant (Practitioner) Information

Date: _____

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

2. Establishment Information – Where you are or will be employed

Attach additional sheets if you are employed at several locations

Are you currently employed, or will be employed at a Webster Bodywork Establishment? ☐ Yes ☐ No

- If no, once you obtain employment, notify the Webster Health Department
- If yes, provide the following information:

Establishment Name: _____

Address: _____ Webster, MA 01570

Phone Number: _____ Email: _____

3. Establishment Owner Information - Where you are or will be employed

Attach additional sheets if you are employed at several locations

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

- If ownership is a partnership or corporation, attach a list of officer names, address and phone numbers

4. Practitioner Information & History

Please select which specific Bodywork Modality you (applicant) will be performing. **Select all that apply:**

☐ Acupressure	☐ Reflexology	☐ Reiki	☐Shiatsu	☐ Craniosacral Therapy
☐ Polarity Therapy	☐ Thai Bodywork (Thai Yoga)	☐ Trager Approach	☐ Rolfing (Structural Integration)	☐ Breathwork
☐ Feldenkrais Method	☐ Alexander Technique	☐ Myofascial Release	☐Aromatherapy Bodywork	☐ Energy Balancing

Please answer ALL of the following questions regarding Practitioner History:

a) Have you (applicant) ever been convicted for sexual-related offenses, including but not limited to prostitution or sexual misconduct? ☐ Yes ☐ No

b) Have you (applicant) been received any misdemeanor or felony convictions within the past ten (10) years? ☐ Yes ☐ No

c) Do you (applicant) have any open criminal charges currently pending judicial action? ☐ Yes ☐ No

d) Have you (applicant) ever had a revocation, suspension, or denial of a permit or license to practice bodywork issued by any state, county, or municipality? ☐ Yes ☐ No

e) Have you (applicant) ever loss or had a restriction of a permit, license or certification by any jurisdiction for any reason? ☐ Yes ☐ No

If you answered YES to any of the above questions, please explain the circumstances: _____

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Statement: I, _____ received, read and understand
Print Name

the Webster Board of Health Regulations Governing the Practice of Bodywork. I agree to adhere to all regulations regarding bodywork. I understand that any deviation from the submitted and approved plan without prior approval from the Webster Health Department may cause a delay in the permit process. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law. I understand that false statements shall constitute grounds for denial.

Signature: _____ Print: _____

5. Notarize by Notary Public

Have this application Notarized by Notary Public of the Commonwealth of MA in the area below.

To obtain a Bodywork Practitioner Permit, submit the following:	
☐	Completed "Bodywork Practitioner Permit Application." Incomplete applications and missing documents may delay the review process and issuing a permit.
☐	Provide proof of coverage by an individual professional liability insurance policy of at least one million dollars ($1,000,000) per occurrence and at least one million dollars ($1,000,000) aggregate.
☐	Copy of CPR Certification issued by the American Red Cross or American Heart Association. **Expired certifications will not be accepted.**
☐	The applicant shall complete a release of Criminal Offender Record Information (CORI) and a release of Sexual Offender Registry Information (SORI) to the Department.
☐	A signed passport type photograph taken within the preceding 12 months.
☐	**Fee: $250.00** made payable to the "**Town of Webster**". Credit cards are not accepted at this time. **All fees are non-refundable.**
	Two (2) forms of identification to establish that the applicant is at least eighteen (18) years of age at time of submitting the application. At least one (1) form of identification must include a photograph. Acceptable forms of Identification include: ☐ Valid Driver's License ☐ Valid State issued ID ☐ Valid Passport ☐ Certified Birth Certificate ☐ Certified Marriage Certificate
☐	Evidence of being appropriately certified in all bodywork modalities being practiced. Certification means successful completion of the most current requirements of the American Organization for Bodywork Therapies of Asia (AOBTA®), National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), American Reflexology Certification Board, National Certification Board of Therapeutic Massage and Bodywork (NCBTMB), Federation of State Massage Therapy Boards (FSMTB), Associated Bodywork and Massage Professionals (ABMP), American Massage Therapy Association (AMTA), or other national professional membership organization recognized by the Institute for Credentialing Excellence, or its accrediting body, that provides a certification or credential. Any such national professional membership organization or national certification commission must include an established set of educational standards, require compliance with a specific code of ethics, offer a grievance process, and be accredited by the Institute for Credentialing Excellence or its accrediting body. All certifications and/or credentials must be approved by the Webster Health Department or the Board of Health.

☐ Provide a letter on official letterhead from a licensed Massachusetts healthcare provider (e.g. Physician, Nurse Practitioner, Physician's Assistant), dated no earlier than six (6) months prior to the submission of the application that includes:

- Date of most recent physical examination;
- Statement that the you (applicant) are free from communicable diseases or conditions that may be transmitted through close physical contact; and
- Statement whether a Tuberculosis (TB) screening is indicated,
    - If indicated, a written negative result obtained

For Official Use Only

☐ **Approved as submitted**

☐ **Approved as submitted with the following conditions:** _____

☐ **Disapproved as submitted – Reason(s): **** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ **Reviewed By:** _____ **Title:** _____

Date Permit was Issued: _____

Hours of operation: Monday 8:00 AM - 7:00 PM, Tuesday- Thursday 8:00 AM - 4:00 PM, and Friday 8:30 AM – 12:00 PM

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services 200 Arlington Street, Suite 2200, Chelsea, MA 02150

TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS

This form is not to be faxed. Please return form to organization.

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

_____
(Organization)
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 _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Signature of CORI Subject *Date*

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150

TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: __ -- _____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

_____

Verified by:

_____
Print Name of Verifying Employee

_____ _____
Signature of Verifying Employee *Date*