



**TOWN OF HINGHAM**  
Health Department  
210 Central Street, Hingham, MA 02043  
(781) 741-1466 Fax (781) 740-0239

## Bodywork Practitioner Application

Applicant Name:		Date:
Mailing Address:		
City/Town :	State:	
Zip Code:		
Telephone:	E-Mail:	
Current Home Address:		
City/Town:	State:	
Previous Home Address:		
City/Town	State:	

## Bodywork Establishment Information

Please, list all establishments you are currently employed at:

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_

Establishment Owner: \_\_\_\_\_

Hours and/or Days Worked At Establishment: \_\_\_\_\_

Establishment #2 Name: \_\_\_\_\_

Establishment #2 Address: \_\_\_\_\_

Establishment #2 Telephone: \_\_\_\_\_

Establishment #2 Owner: \_\_\_\_\_

Hours and/or Days Worked At Establishment #2: \_\_\_\_\_

## Questionnaire (check one)

Have you been convicted of a felony within the last 10 years?	Yes	No
Have you been convicted of a misdemeanor or a felony within the last 5 years?	Yes	No
Have you ever had a license to practice massage denied, suspended, or revoked?	Yes	No
Have you ever lost a licensure or certification by any municipality or other Jurisdiction for any reason?	Yes	No

Please explain the circumstances around the conviction if you answered "yes" to any of the above questions.

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## Authorization

READ AND SIGN:

I have read and agree to abide by the Hingham Board of Health Bodywork Bylaw.

It is a violation of the Hingham Board of Health Bodywork Bylaw for any person who is not licensed in this field to operate a Bodywork Establishment or as an Individual Bodywork Therapist.

By signing this, I declare under the penalty of perjury, that the foregoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or unissued license.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Required Attachments

Please submit the following items:

- A check or money order payable to the Town of Hingham
- Copy of two (2) forms of identification (e.g. Drivers License, Passport, Birth Certificate)
- Copy of CORI and SORI check
- Two (2) letters attesting to good moral character (as described in Section 6, D of the Hingham Board of Health Bodywork and Bodywork Therapy Rules & Regulations)
- Educational transcripts (as described in Section 6, C of the Hingham Board of Health Bodywork and Bodywork Therapy Rules & Regulations)