CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

MICHELLE M. FEELEY
DIRECTOR OF PUBLIC HEALTH

Bodywork Therapist Application for year:_____

Fee: $200.00 Payable to the City of Waltham

Name of Applicant:_____

Address of Applicant:_____

Date of Birth:_____ Social Security Number:_____

Phone number and email:_____

Required:

Define and describe Bodywork services to be provided:_____

_____

Has your Bodywork license ever been suspended or revoked: Yes☐ No☐

If yes, list reason:_____

Name, address and phone number of Bodywork Establishment you will be employed at:

_____

_____

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All applicants sign and have your signature notarized by a Notary Public

I hereby agree to inform and release to the Waltham Board of Health and its agents, all participant information related to situations that arise in connection with my application, both now and in the future. I understand that the Waltham Board of Health reserves the right to verify any, and all information as put forth by in in this application.

I authorize the City of Waltham, 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.

I understand that the discovery of false or inaccurate information could result in the denial of this application or the suspension or revocation of any license issued to me by the Waltham Board of Health.

*Signature of Applicant:*_____

*Date:*_____

*Signature of Notary:*_____

****Incomplete applications will NOT be accepted. Please follow the Bodywork Regulations for guidance to complete the application process.**