

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 11th floor, Boston, MA 02111
617-753-8000

Criminal Offender Record Information (CORI) Acknowledgement Form

The Department of Public Health, Division of Health Care Quality, is certified by the Department of Criminal Justice Information Services (DCJIS) to screen applicants for licenses to operate health care facilities and programs. As a licensure applicant, I understand that a CORI check will be submitted to DCJIS for my personal information. I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information, only, and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

| | | | |
|------------|-------------|-------------|--------|
| *Last Name | *First Name | Middle Name | Suffix |
|------------|-------------|-------------|--------|

Maiden Name (or other name(s) by which you have been known)

| | | |
|---------------------------|----------------|-------------|
| Date of Birth, mm/dd/yyyy | Place of Birth | XXX / / |
|---------------------------|----------------|-------------|

| | | | | |
|---|--------|----------|-----------|------|
| Sex <input type="checkbox"/> M <input type="checkbox"/> F | Height | ft in | Eye Color | Race |
|---|--------|----------|-----------|------|

| | |
|-------------------------------|----------------|
| Driver's License or ID Number | State of Issue |
|-------------------------------|----------------|

| | |
|---------------------------|--------------------|
| Mother's Full Maiden Name | Father's Full Name |
|---------------------------|--------------------|

Current Address

| | | | |
|----------------------|-----------|-------|-----|
| Street Number & Name | City/Town | State | Zip |
|----------------------|-----------|-------|-----|

Former Address

| | | | |
|----------------------|-----------|-------|-----|
| Street Number & Name | City/Town | State | Zip |
|----------------------|-----------|-------|-----|

DPH/DHCQ use only. The above information was verified by reviewing the following form(s) of government-issued identification:

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|---|---------------------------------|
| Name of Verifying Employee (Please Print) | Signature of Verifying Employee |
|---|---------------------------------|