



**CITY OF FRAMINGHAM**  
**Department of Public Health**  
 150 Concord Street  
 Framingham, MA 01702



**Public Health**  
 Prevent. Promote. Protect.

Physical Office Location: 31 Flagg Drive, Door 14, Framingham, MA 01702

**Board of Health**

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**Director of Public Health**

Samuel S. Wong, Ph.D.

Tel: (508) 532-5470  
 Fax: (508) 532-5760  
[health@framinghamma.gov](mailto:health@framinghamma.gov)

## Bodywork Therapist Application

Applicant Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Phone:(        ) \_\_\_\_\_ Email: \_\_\_\_\_

## Bodywork Establishment Information

Please list all establishment/s you are currently employed at:

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

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

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

Phone:(        ) \_\_\_\_\_

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

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

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

Phone:(        ) \_\_\_\_\_

## Questionnaire (circle one)

Have you been convicted of a felony within the last 10 years?                      YES                      NO

Dedicated to Excellence in Public Service

Have you been charged with a misdemeanor or 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 Framingham Board of Health Regulations Governing the Practice of Bodywork (effective October 1, 2015).

It is a violation of the Framingham Board of Health Regulations Governing the Practice of Bodywork for any person who is not licensed in this manner to operate a Bodywork Establishment or as an Individual Bodywork Therapist.

By signing this, 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, I authorize the Town of Framingham, 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..

Questions? Please contact the Framingham Board of Health at 508-532-5470

Signature of Applicant

Date

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Printed Name of Applicant

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Social Security Number or Federal ID:

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### Attachments

- A check or money order payable to City of Framingham
- Copies of two forms of identification (e.g. Driver's License, Passport, Birth Certificate)
- A recent front-faced color photograph
- Completed Individual Bodywork Therapist Release of Medical Information & Physician's Statement