



Needham Public Health Division

178 Rosemary Street, Needham, MA 02494
www.needhamma.gov/health

781-455-7940 ext. 504
781-455-7922 (fax)



Bodywork Practitioner Application

APPLICANT NAME:		Date:
MAILING ADDRESS:		
CITY/TOWN:	STATE:	
ZIP CODE:	SOCIAL SECURITY:	
TELEPHONE:	E-MAIL:	

CURRENT HOME ADDRESS:	
CITY/TOWN:	STATE:
PREVIOUS HOME ADDRESS:	
CITY/TOWN	STATE:

Bodywork Establishment Information

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

ESTABLISHMENT NAME*:	
ESTABLISHMENT ADDRESS:	
ESTABLISHMENT TELEPHONE:	ESTABLISHMENT OWNER:
HOURS AND/OR DAYS WORKED AT ESTABLISHMENT:	

ESTABLISHMENT NAME*:	
ESTABLISHMENT ADDRESS:	
ESTABLISHMENT TELEPHONE:	ESTABLISHMENT OWNER:
HOURS AND/OR DAYS WORKED AT ESTABLISHMENT:	

** NOTE: You must notify the Health Department if you change establishments or if you start working at a new establishment, so we can update our records accordingly.*

***All required documents MUST be dropped off in person. Needham Public Health needs to verify two forms of identification**

Questionnaire (circle 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.

Authorization

READ AND SIGN:

I have read and agree to abide by Needham Board of Health Regulation #19

It is a violation of Needham Board of Health Regulation #19 for any person who is not licensed in this manner to operate a Bodywork Establishment or as an Individual Bodywork Practitioner.

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 un-issued license.

By signing this I authorize the Town of Needham, 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 and a Sexual Offender Records Information request with the Criminal System History Board.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

***All required documents MUST be dropped off in person. Needham Public Health needs to verify two forms of identification**

Required Documents*

Please submit the following items:

- A check or money order payable to the Town of Needham
- Copies of two forms of identification (e.g. Drivers License, Passport, Birth Certificate)
- A recent front-faced color photograph.
- Completed Individual Bodywork Practitioner Release of Medical Information & Physicians' Statement

***All required documents MUST be dropped off in person. Needham Public Health needs to verify two forms of identification**