



CITY OF WALTHAM
MASSACHUSETTS
BOARD OF HEALTH

John P. Zuppe

Director of Public Health

Waltham Health Department
Bodywork Therapist Application

Please print legibly.

Fee: \$100.00

Name of Applicant: _____

DOB: _____ Social Security Number: _____

Please list any other names, nicknames, by which the Applicant has been known:

Address of Applicant:

Phone of Applicant: Home: _____ Cell: _____

Please define and describe the type of bodywork services to be provided: _____

Have you previously been involved in the practice of bodywork? ____ Yes ____ No

If yes, please list the business names, locations and telephone numbers (use additional sheet, if necessary):

Name of Establishment: _____

Business Address: _____

Business Phone: _____

Name of Establishment: _____

Business Address: _____

Business Phone: _____

Have you ever had a license to practice Bodywork suspended or revoked? ____ Yes ____ No

If yes, reason for suspension or revocation: _____

Please list all municipalities and states in which you hold or held a practitioner license (s):

List the name and address of each bodywork establishment where you will be employed in Waltham:

Name of Establishment: _____

Establishment Address: _____

Phone: _____

Name of Establishment: _____

Establishment Address: _____

Phone: _____

Please attach the following:

1. Two (2) forms of Positive ID with photograph indicating that the applicant is at least 21 years of age.
2. Two (2) front-face photographs of the applicant.
3. Proof of negative skin test or negative chest x-ray for Tuberculosis.
4. A current Certificate of Asian Bodywork Therapy (ABT) **AND/OR** proof of current credentialed membership in a national bodywork therapy organization, association or institute. Such organizations shall have requirements for membership that include standards for practice, code of ethics, grievance procedures, and providing or approving a 500-hour course of study in bodywork or a 200-hour course in study reflexology.

****If more space is needed, please attach a separate sheet.**

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 pertinent 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 me 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 Licensing Board.

Signature of Applicant _____

Date _____

Federal ID # or Social Security # _____

Signature of Notary: _____

***BCG vaccination is NOT a contradiction for tuberculin skin testing; disregard BCG history when interpreting Mantoux result.**

If yes, for any of the above questions: TB skin test (PPD, 5TU, Mantoux), to be read in 48 to 72 hrs.

Patient's name: _____ **Date:** ____/____/____

Date administered: ____/____/____; **Date read:** ____/____/____; **Results:** _____mm; Neg. Pos.

Referral/treatment plans:

Signature: _____