

**Commonwealth of Massachusetts**  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Division of Health Care Facility Licensure and Certification  
 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 Facility Licensure and Certification, 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 / /  
 \*Last Six Digits of Your Social Security Number

\_\_\_\_\_  
 Sex  M  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/DHCFLC use only. The above information was verified by reviewing the following form(s) of government-issued identification:	
Name of Verifying Employee (Please Print)	Signature of Verifying Employee



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**CORI**

The Department of Public Health (Department) is required to conduct suitability reviews for all applicants applying for licensure as new health care providers. The review includes a criminal background check of the applicant. Accordingly, The Department has been certified by the Executive Office of Public Safety, Criminal History Systems Board, for access to reports from the criminal offender record information system.

The enclosed Criminal Offender Record Information (CORI) form must be completed and returned with the license application for all individuals (use full names) identified below so that determinations of suitability and responsibility can be made in a timely manner.

- All individuals who hold a 5% or greater ownership or managerial interest in the facility;
- If the applicant is a partnership, CORI forms must be completed for all general and limited partners with 5% or greater ownership interest in the partnership;
- If the applicant is a for profit corporation, CORI forms must be completed for all officers, directors and holders of 5% or more of the corporation's stock;
- If the applicant is a not for profit organization, CORI forms must be completed for the officers of the board of directors, the executive committee, or other such governing body that has direct and ultimate control over the operation and compliance performance of the facility.
- The program administrator.

In order to verify the information on your CORI request form, you may either (1) deliver your application to us in person, at which time we will verify the information on your request form, or (2) include a photocopy of a government-issued photographic identification with your request form.

Government-issued photographic identification includes, but is not limited to: state issued drivers license, state issued photographic identification card, passport, or US military ID. We are not able to accept an identification card issued by a private employer or, with the exception of a passport, by a non-US or state government agency.

If you have any questions or concerns regarding the completion of these CORI forms please contact Pearlina Mills (617) 753-8124.