

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

No. _____

Fee _____

MESSAGE THERAPIST APPLICATION

NAME OF APPLICANT _____ AGE _____

ADDRESS OF APPLICANT _____

_____ TEL.NO. _____

SOCIAL SECURITY NUMBER _____

EDUCATION _____

EXPERIENCE _____

PLACE OF EMPLOYMENT (FRANKLIN) _____

I HEREBY, AGREE TO RELEASE ANY COURT RECORDS DIRECTLY PERTAINING TO ME, PROVIDED THE INFORMATION OBTAINED IS HELD IN CONFIDENCE.

SIGNATURE OF APPLICANT _____ DATE _____

BOARD OF HEALTH DECISION _____

DISAPPROVED BY _____

NOTE: ACCREDITIED SCHOOL AND MASSACHUSETTS CERTIFICATES (ORIGINALS) MUST BE PRESENTED TO THE BOARD OF HEALTH FOR PHOTOCOPIES.

PERMIT EXPIRES ON DECEMBER 31ST OF EACH YEAR AND MUST BE RENEWED.