



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Bodywork Therapist (Individual) Permit Application

Complete the application below truthfully and completely. Please print legibly. Incomplete application and missing documents may delay the permitting process.

If a Bodywork Therapist's Permit has NOT been obtained or is in the process of obtaining a Permit, the individual CANNOT perform Bodywork until a permit has been obtained. Each Therapist is required to obtain a valid Permit issued by the Framingham Public Health Department.

Bodywork is the practice of a person representing themselves as a bodyworker or bodywork therapist, or the practice of a person using primarily touch to manipulate tissue, which does not constitute massage as defined in M.G.L., c. 135, in the course of a treatment or therapy provided to another person.

Date: _____

Applicant (Therapist) Information

Type of Application: [] New [] Renewal

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Establishment Information - Where you are or will be employed

Attach additional sheets if you are employed at several locations

Are you currently employed, or will be employed at a Framingham Bodywork Establishment? [] Yes [] No

- If no, once you obtain employment, notify the Framingham Department of Public Health.
If yes, provide the following information:

Establishment Name: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Establishment Owner Information - Where you are or will be employed

Attach additional sheets if you are employed at several locations

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

- If ownership is a partnership or corporation, attach a list of officer names, address and phone numbers

Therapist Information & History

- 1. Are you able to communicate effectively in English? Yes No
- 2. Have you (applicant) ever had a revocation or denial of a permit or license to practice bodywork issued issued by any state or municipality? Yes No
- 3. Have you (applicant) ever loss or had a restriction of a permit, license or certification by any jurisdiction for any reason? Yes No

If you answered yes to question 2 & 3 above, please explain the circumstances: _____

If a Bodywork Therapist Permit has NOT been obtained or is in the process, the individual CANNOT perform Bodywork until a valid permit has been obtained. Each Bodywork Therapist is required to obtain a Permit issued by the Framingham Department of Public Health.

Statement: I, _____ received, read and understand the Framingham Board of Health Regulations Governing the Practice of Bodywork. I agree to adhere to all regulations regarding bodywork. I understand that any deviation from the submitted and approved plan without prior approval from the Framingham Public Health Department may cause a delay in the permit process. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law. I understand that false statements shall constitute grounds for denial.

Signature: _____ Print: _____

Have this application Notarized by Notary Public of the Commonwealth of MA in the area below.

To obtain a Bodywork Therapist Permit, submit the following:

- Completed application. Incomplete applications and missing documents may delay the permitting process.
- Fee: \$100.00** made payable to the “City of Framingham”. Credit cards are not accepted at this time. **All fees are non-refundable.**
- Certified copy of your birth certificate or equivalent to establish that the applicant is at least 18 years of age at the time of submitting this application.
- Copy of high school diploma or its verifiable equivalent.
- A signed passport type photograph taken within the preceding 12 months.
- Evidence of being appropriately certified: Certification means successful completion of the most current requirements of the American Organization for Bodywork Therapies of Asia (AOBTA®), National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), American Reflexology Certification Board, or other national professional membership organization recognized by the Institute for Credentialing Excellence, or its accrediting body, that provides a certification or credential. Any such national professional membership organization or national certification commission must include an established set of educational standards, require compliance with a specific code of ethics, and offer a grievance process. All certifications and/or credentials must be approved by the Director of Health or the Board of Health.
- Provide proof of coverage by an individual professional liability insurance policy of at least one million dollars (\$1,000,000) per occurrence and at least one million dollars (\$1,000,000) aggregate.
- The applicant shall complete a release of Criminal Offender Record Information (CORI) and a release of Sexual Offender Registry Information (SORI) to the Department.
- Completed “Workers’ Compensation Insurance Affidavit” form (page 5) including the first page of the policy.

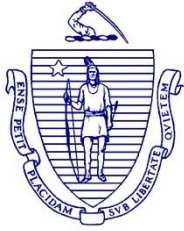
For Official Use Only

- Approved as submitted**
- Approved as submitted with the following conditions:** _____
- Disapproved as submitted – Reason(s): **** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ **Reviewed By:** _____ **Title: Public Health Inspector**

Date Permit was Issued: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.	
City or Town: _____	Permit/License # _____
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office	
6. Other _____	
Contact Person: _____	Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia