



**TOWN OF MASHPEE
BOARD OF HEALTH**

16 Great Neck Road North
Mashpee, MA 02649
(508) 539-1400, ext. 555
Fax: (508) 477-0222

Permit # _____

Permit Exp. Date _____

FEE \$50.00

APPLICATION FOR BODYWORK PRACTITIONER

NAME: _____ SOCIAL SECURITY _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

STREET ADDRESS: _____ TELEPHONE # _____

PREVIOUS ADDRESS _____

MAILING ADDRESS _____

.....
NAME/ADDRESS OF FACILITY WHERE PROPOSING TO PRACTICE: _____

BODYWORK THERAPIES OFFERED (Please circle all that apply):

- | | | |
|-----------------------------|--|---------|
| Reflexology | Trager Approach | Shiatsu |
| Rolf Structural Integration | Asian Bodywork Therapy | Reiki |
| Polarity | Acupressure (including Jin Shin Do & Tui Na) | |
| Ayurvedic Therapies | | |

.....
For Board of Health Use Only

- | | | | | |
|--|--------------------------|---|---|--|
| 1. Is the facility licensed | Y | N | | |
| 2. Transcripts submitted | Y | N | | |
| 3. Is practitioner requesting permission to perform home-visits? | Y | N | | |
| | Variance form submitted? | Y | N | |
| | CORI/SORI submitted? | Y | N | |