



**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY**
239 Causeway Street, Suite 200, 2nd Floor

Boston, MA 02114

(800) 414-0168

GMABRIP

www.mass.gov/reg/boards/ph

CRIMINAL OFFENDER RECORD INFORMATION REQUEST FORM

The Massachusetts Board of Registration in Pharmacy has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial licensure and or registration by examination or by reciprocity, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

Date

Check Type of Licensure/Registration Application:

- ☐ Original Licensure as Pharmacist (Initial Licensure by examination or score transfer)
- ☐ Licensure by Reciprocity as Pharmacist (Licensed in another state/jurisdiction)
- ☐ Original licensure as Nuclear Pharmacist (Initial Licensure as a Nuclear Pharmacist)
- ☐ Initial Pharmacy Internship Registration
- ☐ Initial Pharmacy Technician Registration

Applicant Information (Please Print)

Last Name

First Name

Middle Name

Maiden Name or Alias (if applicable)

Place of Birth

Date of Birth

____-____-____
Social Security Number

Mother's Maiden Name

Current Address

Most Recent Previous Address

E-Mail Address _____ Telephone _____

Sex: _____ Height: _____ ft. _____ in. Weight: _____ Eye Color: _____

Signature of CORI Authorized Employee (for Board use only)

Date