



# Town of Mashpee

Board of Health  
16 Great Neck Road North  
Mashpee, Massachusetts 02649  
(508) 539-1426

Permit # \_\_\_\_\_

Permit Exp. Date: \_\_\_\_\_

FEE:     \$50.00    

**TOWN OF MASHPEE**  
**BOARD OF HEALTH**  
**APPLICATION FOR BODYWORK PRACTITIONER**

NAME: \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL 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 |