

City of Boston

Osteopath Registration Form

I, the undersigned, herewith present Medical License #		for the records
of the Office of the City C	elerk. I intend to conduct the p	practice of osteopathy in the
City of Boston.		
My office or usual place of	f business	
		Street Name)
(City)	(State)	(Zip Code)
The required fee of \$100	.00 is herewith tendered.	
Signature		Date
Print Name		
	,	
? FO	R ADMINISTRATIVE USE (ONLY?
Boston, Massachusetts	Ι	Date
In accordance with the pr	ovisions of Chapter 112, Section	on 70 of the Massachusetts
General Laws, I hereby co	ertify that Osteopath	
has this day exhibited cer	tificate or certificate statement	:#issued
under the authority of the	laws of the Commonwealth ar	nd the City of Boston.
The required fee of \$100.	00 has been paid.	
Signed	Clerk	of the City of Boston.