The Department encourages all interested parties to submit written testimony **electronically** to <Reg.Testimony@mass.gov>, or by mail to William Anderson, Office of the General Counsel, Department of Public Health, 250 Washington Street, Boston, MA 02108. **Please submit electronic testimony as an attached Word document and type “Licensing of Radiologic Technologists” in the subject line of the email**. All submitted testimony must include the sender’s full name and address.

**Format for Written Testimony**

1. **Header Information**
   * **Your Name**(required)
   * **Your Address** (required)
   * **Your Email & Phone Number** (optional but recommended) no work emails
   * **Date**
2. **Addressing the Testimony**
   * **To: Massachusetts Department of Public Health**
   * **Subject: Written** Testimony for [Hearing Topic] – [Date of Hearing]
3. **Opening Statement**
   * **Clearly state who you are and why you are providing testimony.**
   * **Example**:

"Dear Members of the Massachusetts Department of Public Health,  
My name is [Your Name], and I am [your role]. I am submitting this written testimony in relation to the public hearing on proposed amendments to 105 CMR 125.000 Licensing of Radiologic Technologists. scheduled for March 26, 2025. I appreciate the opportunity to provide my perspective on this important issue."

1. **Main Body (Key Points & Supporting Evidence)**
   * Clearly outline your **position** (support, oppose, or recommend changes).
   * Provide **facts, data, personal experiences, or expert opinions** to support your position.
   * Use **bullet points** or **short paragraphs** to make your testimony easy to read.
2. **Conclusion & Call to Action**
   * Summarize your key points.
   * Request specific action from the Department (e.g., adoption of a policy, amendment of a regulation, reconsideration of a decision).
   * Thank them for their time and consideration.
3. **Signature**
   * **Your Name**