Shawnee State University Emergency Medical Technology Ohio Accreditation #325

Criminal History Statement

l,	, hereby declare that I have not been convicted of,
pled guilty to, or had a judicial find	ling of guilt for any of the following: Fraud or material
deception in applying for, or obtain	ning a certificate to practice; any of the following felonies:
murder, aggravated murder, volun	tary manslaughter, felonious assault, kidnapping, rape, sexual
battery, gross sexual imposition, ag	ggravated arson, aggravated robbery, aggravated burglary; a
misdemeanor, other than a traffic	violation committed in the course of practice, a misdemeanor
involving moral turpitude; a violati	ion of any federal, state, county or municipal narcotics law,
any act committed in another state	e that, if committed in Ohio, would constitute a violation set
forth in 4765-8-01 (A) (3) (b) of the	e Ohio Administrative Code.
Signature	Date
Witness Signature	Date