

Please use black or blue ink only when completing this form.

Contact Information

Name:		
Social Security Number:		
Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

Background Disclosure Statement

Have you ever been convicted of, plea bargained, entered a plea of *nolo contendere* or no contest to, had adjudication withheld for or participated in a pre-trial diversion program for a crime, excluding any misdemeanor traffic offenses?

Because you answered yes to the above statement on your application, we need additional information from you. Please complete this form and fax it to 407-303-0753 as soon as possible. Your admission file will not be complete until this is received.

Under what name were the charge(s) made:	Charge 1	Charge 2
Case number:	Charge 1	Charge 2
Charge(s): (include felonies and misdemeanors)	Charge 1	Charge 2
Dates of charge(s):	Charge 1	Charge 2
City / State / County of charge(s):	Charge 1	Charge 2
Final Disposition of charges:	Charge 1	Charge 2
Name of Court / Municipal Court:	Charge 1	Charge 2
Signature of Applicant _____ Date _____		

Note: Adventist University of Health Sciences will not research license eligibility for you. We strongly recommend that you contact the licensing or credentialing body for the profession which you hope to enter.