

STATE OF IDAHO
IDAHO STATE BOARD OF MEDICINE
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Disclosure Statement for Inquiry on Impact of Criminal Conviction

To assist the Board in its review and answer to your inquiry, please complete the questionnaire below for each criminal conviction you are reporting to the agency and attach any supplemental information pertinent to the conviction(s), regardless of when the crime was committed or whether it was a withheld judgement or suspended sentence. For the complete language of the Statute governing "Inquiry Regarding the Potential Impact of Criminal Convictions," see Section 67-9410, Idaho Code. All fields must be completed and if the question does not apply, please write NA in the box. **Please mail in your completed form with attachments and a non-refundable fee of \$25.00 to the address above.** Check or money order must be made out to the Idaho State Board of Medicine.

The information provided on this form will assist Board members to formulate its opinion, whether the reported criminal convictions disqualify you from obtaining a license, certificate, registration, permit, or other authorization to practice a profession or occupation.

Failure to provide complete disclosure of all relevant facts relating to your conviction or to disclose all convictions will result in a non-binding determination by the Board. Failure to provide adequate details regarding your rehabilitation may result in denial of your request by the Board. Reference letters from current employers, academic staff, probation or parole officers are welcome.

In addition to this form, you will need to submit copies of the official court documents, probation/parole documents, and proof of identification—a clear and legible color copy of a government-issued photo ID such as a passport, or valid driver's license.

Full Legal Name: _____

Mailing Address: _____
Street/PO Box City State Zip

Date of Birth ____/____/____ **Social Security No.** ____/____/____
mm dd yyyy

E-mail _____ **Phone Number** (____) _____

License you plan to apply for: _____

Other Names/Aliases: _____

Are you listed on the Sex Offender Registry? ___ Yes ___ No

If YES, please list the state: _____

Arrest Charges: _____ **Arrest Date:** _____

Conviction Charge: _____ **Conviction Date:** _____

Please provide a description of the crime: (Please attach additional pages as needed.) _____

Court Case or Docket Number: _____

