STATE OF IDAHO IDAHO STATE BOARD OF MEDICINE PO Box 83720 Boise, Idaho 83720-0058 Phone: (208)-327-7000 Website: <u>https://bom.idaho.gov</u> E-mail: <u>info@bom.idaho.gov</u>

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 <u>\$25.00</u> 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.

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Court Case or Docket Number: _____

Severity of Conviction: _____ Misdemeanor ____ Felony

Sentence: Please describe the terms of the court's punishment including incarceration, or diversion programs such as drug court, riders, etc.

Fines: \$	Paid:	_Yes No	o Rest	itution: \$		_ Paid:	_Yes	_No	
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AFFIDAVIT

Upon oath I certify each of the following: (1) The responses and information provided in this application and in the attached addendum/addenda and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or collection thereof; and (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release them from any liability of any kind resulting from the release them from any liability of any kind resulting from the release them from any liability of any kind resulting from the release them from any liability of any kind resulting from the release them from any

Signature of Applicant		Date
State of, County of	, SS.	
Subscribed and sworn before me this	day of	, 20
(seal)	Notary Public Offi My Commission E	C .