

Please complete the information below and submit this information to your instructor. You are advised to maintain a copy of all documents, certified court records and affidavits for your records as these may be needed for state licensure. Name: Social Security Number : ______ A#: _____ EMSP Class: EMT Basic □ Paramedic Semeter: _____ Date of Arrest: ______ Date of Conviction, if applicable: _____ Court of Record: City and State WERE YOU PLACED ON PROBATION/PAROLE? ☐ YES ☐ NO If YES, you must provide official records that probation/parole was successfully completed. Nature of Conviction: If you did not successfully complete probation/parole, you were convicted, the case was dismissed or you were acquitted, you MUST provide a detailed explanation of your situation (in your own words). You may use the space provided below and if necessary on the reverse side of this form. If applicable, you may also attach additional pages and documentation.

Remember to attach a certified copy of your court record (s)

SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL SPACE



| EXPLANATION CONTINUED | | |
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| By completing this document. | , and signing below, I attest the details are truthful and accurate |). |
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| Student Signature | Printed Name | Date |