

**CRIMINAL BACKGROUND DISCLOSURE  
DOCUMENTATION AND INFORMATION**

Please complete the information below and submit with your Application for Licensure form (PH-3937) ***only if*** applicable and attach a certified copy of your court records.

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

EMS CLASS #: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_

COURT OF RECORD: \_\_\_\_\_

WERE YOU PLACED ON PROBATION/PAROLE?  YES  NO  
IF YES, YOU MUST PROVIDE OFFICIAL RECORDS THAT PROBATION/PAROLE WAS SUCCESSFULLY COMPLETED.

NATURE OF CONVICTION: **YOU MUST PROVIDE A DETAILED EXPLANATION OF YOUR CONVICTION IN YOUR OWN WORDS.** (You may attach extra pages if necessary.)

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**PLEASE REMEMBER TO ATTACH A CERTIFIED COPY OF YOUR COURT RECORDS.**