



### FELONY INFORMATION CHECKLIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Certification (Circle all that apply): CMAS\_\_\_ MT\_\_\_ MLT\_\_\_ RDA\_\_\_ RMA\_\_\_ RPT\_\_\_

1. Were you actually **convicted** of a **felony**? \_\_\_\_\_

2. What was the felony? (If there were multiple felonies in a single case circle all that apply)

- |                       |                                 |
|-----------------------|---------------------------------|
| a. Drug Possession    | f. Embezzlement                 |
| a. Aggravated Assault | g. Murder                       |
| b. Battery            | h. Rape                         |
| c. Arson              | i. Other(state type of felony): |
| d. Burglary           | _____                           |
| e. Drug Possession    |                                 |

3. Provide a detailed description and explanation of the offense or offenses convicted of. Be specific and answer the following questions in the documentation\*:

- When did the felony take place?
- After the conviction was prison time served?
- Are you still in prison?
- If not, when were you released?
- Are you currently on probation / parole and if not when did it end?
- Provide copies of any court documents / probation release forms available?
- Provide detailed descriptions for all felonies identified above?
- Include your name and contact information on all submitted documents?

\* Additionally - 3 character references (not family /friends) may be requested.

4. Fax your explanation along with this form to 847-823-0458. **All documentation will have to be completed, reviewed and approved for the applicant to be scheduled for an exam.**

*I certify that the information I have provided is true and correct to the best of my knowledge and belief and I realize that certification is subject to revocation for misrepresentation. I further understand that even with AMT certification some medical care employers will not hire individuals with felony convictions.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_