



FELONY INFORMATION CHECKLIST

Name: _____ AMT ID: _____

Address: _____

City _____ State _____ Zip/Postal Code _____

Telephone number: _____ E-mail: _____

Certification: CMAS___ MT___ MLT___ CMLA ___ RDA___ RMA___ RPT___

1. Were you actually **convicted** of a **felony**? YES _____ NO _____
2. The felony was for: (If there were multiple felonies in a single case circle all that apply)

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

3. Provide a **DETAILED** description and explanation of the offense or offenses you were convicted of. **Be specific and answer the following questions in your detailed description***:

- When did the felony take place?
- After the conviction was jail / prison time served?
- Are you still in jail / prison?
- If not, when were you released?
- Are you currently on probation / parole?
- If you are not currently on probation / parole, when did it end?
- Include your name, contact information and AMT ID (if known) on all submitted documents.
- * Provide copies of any court documents / probation release forms available.*

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

4. Provide this information with your application or fax your explanation and documentation along with this form to 847-789-9414. **All documentation will have to be completed, reviewed and approved for the applicant to be scheduled for an exam. This process may take up to 90 days.**

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

Signature: _____ Date: _____