



FELONY INFORMATION CHECKLIST

Name: _____ AMT ID: _____

Address: _____

City _____ State _____ Zip/Postal Code _____

Telephone: _____ E-mail: _____

Certification: CMAS__ MT__ MLT__ CMLA__ RDA__ RMA__ RPT__ AHI__ CLC__ MDT__

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

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?
- I 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, three (3) character references (not family/friends) **may** be requested.

4. Provide this completed form and the required information after you have submitted your application to documents@americanmedtech.org. **All documentation will have to be 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 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: _____