

**HEALTHCARE CRIMINAL HISTORY  
BACKGROUND AFFIDAVIT**

\_\_\_\_\_  
**College/University**

State of \_\_\_\_\_, County of \_\_\_\_\_

Before me, a Notary Public in and for the County and State aforesaid, personally appeared the undersigned \_\_\_\_\_, who, after being by me first duly sworn did state upon his/her oath as follows:

- a. That the affiant is currently enrolled in a \_\_\_\_\_ program at \_\_\_\_\_ (college/university), an accredited college/university.
- b. That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.
- e. That the affiant has fully disclosed to college program staff any other offense convicted, pleaded guilty or nolo contendere not listed in this affidavit or addressed in Section 45-33-23 (f), Mississippi Code of 1972.
- d. Further, the affiant sayeth not.

\_\_\_\_\_  
Name of Affiant (printed)

\_\_\_\_\_  
Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

Notary