

FELONY STATEMENT

I hereby affirm that the information on this application is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of certification. I further affirm that I have never been convicted of a felony involving any sexual crime. Finally, I affirm that I have not been convicted of any other felony under the laws of this state or of the United States within the last five (5) years. Individuals convicted of non-sex related felony crimes are eligible for certification five (5) years after their date of final release.

Applicant's Signature Required

Date

Signature and OMD number of the Agency OMD exempts the provider from taking the state examination for recertification. All CE requirements must be fulfilled prior to issuance of certification.

Signature

Print Agency OMD Name

Date

DO NOT WRITE IN THIS AREA

COMPLETE IF TEST NEEDED

TEST DATE	TEST SITE	TEST METHOD
MONTH DAY YEAR		
0 0 0 0	0 0 0 0	0 IRCT
1 1 1 1	1 1 1 1	1 WR
2 2 2 2	2 2 2 2	2 PR
3 3 3 3	3 3 3 3	3 WPR
4 4 4 4	4 4 4 4	4
5 5 5 5	5 5 5 5	5
6 6 6 6	6 6 6 6	6
7 7 7 7	7 7 7 7	7
8 8 8 8	8 8 8 8	8
9 9 9 9	9 9 9 9	9

TEST ID #	PRACTICAL RESULTS
A 0 0 0 0	#1 P 1 2 3 4 5 6 7 8 9
B 1 1 1 1	#2 P 1 2 3 4 5 6 7 8 9
C 2 2 2 2	#3 P 1 2 3 4 5 6 7 8 9
D 3 3 3 3	#4 P 1 2 3 4 5 6 7 8 9
E 4 4 4 4	
F 5 5 5 5	
G 6 6 6 6	
H 7 7 7 7	
I 8 8 8 8	
J 9 9 9 9	

- CP31-0266 (C1.F3) Printed in U.S.A.
- 1. A B C D
 - 2. A B C D
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 - 18. A B C D
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