



**Bachelor of Science in Occupational Therapy Assistant (BSOTA)
 Minor in Health Services Administration
 HISTORY OF CONVICTIONS/FELONIES FORM**

Student's Name:

LICENSURE INQUIRY/INFORMATION:

Florida regulations provide that the denial of a license/certificate may occur if an individual is habitually intemperate, addicted to, or is found to be in illegal possession or involved in the sale of distribution of habit-forming drugs, and/or is unfit or incompetent by reason of gross negligence, physical or mental condition or other like causes which could result in behavior that interferes in his/her practice as a health professional.

An application for licensure/certification in the State of Florida includes the following questions. A "yes" answer to any question could result in the denial of a license by the State. If your answer to any of the questions is "YES", you must meet with the Program Director prior to the submittal of the application to the program. **Be advised that failure to honestly and accurately disclose prior history of convictions and/or felonies in this application will automatically result in your disqualification for admission into the program and/or dismissal from the program.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted, or have you entered a no contest or guilty plea—regardless of adjudication—offense other than a minor traffic violation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been denied or is there now any proceeding to deny your application for a license to practice a health profession in Florida or any other jurisdiction?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a disciplinary action taken against your license to practice a health profession by the licensing authority in Florida or any other jurisdiction?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever surrendered a license to practice in a health profession in Florida or any other jurisdiction while any such disciplinary charges were pending against you?

I certify that I have read and understand the standards indicated above regarding licensure/certification as a health professional in the State of Florida.

Applicant's Signature:	<input type="text"/>
Date:	<input type="text"/>

TO BE COMPLETED (IF NECESSARY) BY THE PROGRAM DIRECTOR

I have informed the above-identified applicant regarding the licensing/certification process in the State of Florida in relation to previous criminal convictions

Program Director's Signature/Date:	<input type="text"/>
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