



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

Candidates Background Affidavit

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES _____ OR NO _____ (If yes, provide the date, the state and nature of the offence) _____

APPLICANT SIGNATURE: _____

The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY

OF _____ YEAR _____

SIGNATURE OF NOTARY _____

SEAL

STATE OF _____

COUNTY OF _____