

FORM R/SURGICAL ASSISTANT

“Yes” Response to Application Questions 1-5

Full disclosure: It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. Your responses on your application are evaluated as evidence of your candor and honesty. An honest “yes” answer to a question on your application is not definitive as to the Board’s assessment of your present moral character and fitness, but a dishonest “no” answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks.

Expunged or sealed offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket, or citation has, in fact been expunged or sealed. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, raises questions related to truthfulness in addition to questions regarding the offense itself. **You may have been told your record is expunged when in fact it is not.** Expunction is an active process, initiated by you and your attorney, and results in a court order. If, during the course of the investigation of your application for licensure, information about an offense is discovered which you did not disclose because you believed it to be expunged, you will be required to provide a copy of the expunction order.

If you answered, “Yes” to any of the Questions 1-5 of the application, you must complete this form. You must complete a separate Form R for each arrest, citation or ticket. You must complete all applicable sections of this form and provide contact names and telephone numbers for all appropriate authorities in the investigation. Each page must carry a signature and date.

In addition, you must have the appropriate authorities submit legible copies of all court records and arrest/offense/incident reports, or citation/tickets to our Board. If a court or an arresting/ticketing agency is unable to provide copies of applicable records, obtain a written statement so stating from the court or agency.

Name: _____
Last First Middle

Date of Incident: _____

Location of Incident: _____
City County/State/Country

Arresting/Ticketing Agency: _____
Name of Agency

Phone Number Mailing Address City, State/Country Zip/Postal Code

Applicant’s Signature

Date

Printed name

Detailed Summary: Provide a detailed summary of the events and circumstances leading to this arrest, citation, ticket, criminal charge and/or investigation. (Use additional paper if necessary. Remember to sign and date each page.)

Charges: For each charge, indicate whether it was a misdemeanor or a felony:

Initial Charge(s): _____ ☐ Misdemeanor ☐ Felony

Ultimate Charge(s): _____ ☐ Misdemeanor ☐ Felony

Plea: _____

Style and Cause Number(s): _____

Title of Court: _____

Mailing Address of Court: _____

Name and Address of your Legal Counsel in this case, if any: _____

Disposition: (If probation, deferred adjudication, or deferred prosecution, give summary and terms.)

Applicant's Signature

Date

Printed name