

**State Of Alaska  
Department of Public Health  
Division of Public Health  
Certification & Licensing**

**SWORN STATEMENT**

**I DO SWEAR OR AFFIRM THAT**

\_\_\_\_\_ I have not been convicted of a crime listed in 7 AAC 75.215 (b).

\_\_\_\_\_ I have never been denied a prior application or voluntarily terminated a license during an investigation.

\_\_\_\_\_ I have never been terminated in an administrator or care provider position for cause.

\_\_\_\_\_ I have been denied a prior application or voluntarily terminated a license during an investigation.

\_\_\_\_\_ I have been terminated in an administrator or care provider position for cause.

\_\_\_\_\_ I have been convicted of a crime listed in 7AAC 75.215 (b).

**APPLICANT**

**WITNESS**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF A NON-RELATED WITNESS