BACKGROUND HISTORY REPORT FORM

FLORIDA DEPARTMENT OF HEALTH
EMT/PARAMEDIC/RADIOLOGIC TECHNOLOGY OFFICE
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INSTRUCTIONS: PLEASE COMPLETE THIS FORM FOR ALL INCIDENTS FOR WHICH YOU WERE CONVICTED, OR ENTERED A PLEA OF NOLO CONTENDERE, OR HAD ADJUDICATION OF GUILT WITHHELD. USE A SEPARATE FORM FOR EACH INCIDENT AND DO NOT LEAVE ANY SECTIONS BLANK. ATTACH COPIES OF ALL DOCUMENTS REQUESTED BELOW. NOTE: YOUR APPLICATION IS INCOMPLETE WITHOUT THIS INFORMATION.

1. APPLICANT NAME:	DATE OF BIRTH:
2. NAME & ADDRESS OF ARRESTING AGENCY: (A	CASE #: DATE ARRESTED:
3. CHARGE(S): (LIST ALL CHARGES CONNECTED WITH ARREST	& INDICATE WHETHER FELONY OR MISDEMEANOR):
4. NAME, ADDRESS & PHONE NUMBER OF COURT	WHERE SENTENCED: CASE #:
	DATE SENTENCED:
5. DISPOSITION OF CHARGE(S): (INDICATE DISPOSITION	OF EACH CHARGE AT TIME OF SENTENCING)
□ NOT GUILTY	_
ADJ. WITHHELD	NOLLE PROSSED
6. TERMS OF SENTENCE: (LIST DETAILS OF EACH TERM E	ELOW & ATTACH COURT DOCUMENTS)
☐ INCARCERATION	☐ PROBATION
☐ RESTITUTION	REHAB/TREATMENT
FINE	☐ HOUSE ARREST
COMMUNITY SERVICE	OTHER (SPECIFY)
7. HAVE ALL TERMS OF SENTENCE BEEN COMP	LETED? YES NO (IF "YES", ATTACH PROOF; IF "NO" EXPLAIN)
8. IF CONVICTED OF A FELONY, HAVE YOUR CIV	VIL RIGHTS BEEN RESTORED? YES NO (IF YES, ATTACH PROOF)

9. DESCRIPTION OF EVENTS: (PROVIDE YOUR WRITTEN EXPLANATION OF EVENTS LEADING TO ARREST)					
	I DECLARE, SUBJECT TO THE PENALTIES FOR PERJURY, THAT ALL THE INFORMATION ACCURATE AND TRUE. I FURTHER UNDERSTAND THAT A FALSE STATEMENT MADE BY PROSECUTION AND PUNISHMENT, OR FOR DENIAL, REVOCATION, SUSPENSION, OR REPURSUANT TO THIS FORM.	ME MAY BE CAUSE	FOR CRIM	MINAL	;
	SIGNATURE:	DATE:	1	1	