

**Certified Chiropractic Physician Assistant and Anesthesiologist Assistant**

**Criminal Conviction Sworn/Affirmation Statement at Renewal**

Have you been convicted of a felony in any jurisdiction with the past two years preceding this application for renewal?  YES  NO

If yes, provide a list of any felony convictions received with the past two years preceding this application for renewal and attach copies of all court documents related to your conviction(s) and any materials documenting successful completion of your sentence or other legal obligations.

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I have carefully read the question above and swear that the answer provided is true and correct. I recognize that providing false information may result in disciplinary action against my license, or criminal penalties pursuant to sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by

\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification

\_\_\_\_\_

Type of Identification Produced \_\_\_\_\_