HEALTHCARE CRIMINAL HISTORY
BACKGROUND AFFIDAVIT

State of Mississippi, County of Harrison

Before me, a Notary Public in and for the County and State aforesaid, personally appeared the undersigned _____, who, after being by me first duly sworn did state upon his/her oath as follows:

a. That the affiant is currently a student at Memorial, a licensed facility/entity by the Mississippi State Department of Health, or by another entity employed by a licensed facility/entity on a contractual basis.
b. That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23(f), Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.
c. That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which his/her employer (1) has determined to be of a nature and/or frequency as to be disqualifying for employment; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her employment, in addition to this affidavit.
d. Further, the affiant sayeth not.

_____ _____
Name of Affiant (printed) Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 20 ____

_____ _____
Signature of Notary Public My Commission Expires