

**State Of Alaska**  
**Department of Health & Social Services**  
**Division of Health Care Services**  
**Certification & Licensing**

**SWORN STATEMENT**

**I DO SWEAR OR AFFIRM THAT (please initial each space that applies)**

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

\_\_\_\_\_ I have never had a license revoked.

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

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\_\_\_\_\_ I have been denied a prior application; voluntarily terminated a license during investigation; had a license revoked or have been terminated for cause as an administrator or caregiver.

This occurred on or about \_\_\_\_/\_\_\_\_/\_\_\_\_

in the State of \_\_\_\_\_ for a license or position to

provide \_\_\_\_\_.

I authorize the State of Alaska to conduct a licensure background check as part of my application for provisional licensure.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Printed Name of Home

\_\_\_\_\_  
Date