OKLAHOMA STATE BOARD OF EXAMINERS FOR
LONG TERM CARE ADMINISTRATORS

AFFIDAVIT

NAME:_____
First Middle Last

_____
Date of Birth Social Security Number

ADDRESS:_____
Street or Box # City ST Zip

Bus #_____Res #_____

I HEREBY AFFIRM THAT I HAVE NOT BEEN CONVICTED OF A FELONY UNDER ANY STATE OR FEDERAL LAW. I UNDERSTAND THAT THE SIGNING OF THIS AFFIDAVIT KNOWING SUCH INFORMATION TO BE FALSE MAY SUBJECT ME TO PUNISHMENT FOR PERJURY AND A CRIMINAL BACKGROUND REPORT WILL BE OBTAINED PRIOR TO MY LICENSURE.

_____
APPLICANT'S SIGNATURE

STATE OF OKLAHOMA)
) ss.
COUNTY OF _____)

SUBSCRIBED & SWORN TO BEFORE ME THIS ___DAY OF _____20_____

NOTARY PUBLIC_____

MY COMMISSION EXPIRES_____

(Seal)