VERIFICATION RELATED TO CRIMINAL CONVICTIONS
THE UNIVERSITY OF ARIZONA/UPHK GRADUATE MEDICAL EDUCATION CONSORTIUM

STATE OF)
)
COUNTY OF)

I, _____ [Name of Resident], verify that, pending receipt of a fingerprint clearance card, for which I have applied, have reviewed A.R.S. § 41-1758.03(B) and (C), and am not awaiting trial on or have never been convicted of or admitted in open court pursuant to a plea agreement to committing any offense listed in that statute in Arizona or a similar offense committed in another state or jurisdiction.

_____
Signature of Resident

SUBSCRIBED AND SWORN TO before me, a Notary Public, by _____ [Name of Resident], who was either known to me, or provided identification satisfactory to assure me that he/she is the person whose signature appears above.

DATED this _____ day of _____, 20__.

_____
Notary Public

My commission expires: