

DISCLOSURE OF CRIMINAL RECORD

The Director must complete this form.

Name of School operated by Hospital: _____

Name of School Director _____

The Executive Director may deny a certificate of authorization if the person who intends to operate a private occupational school has been convicted in this state, or any other state, of larceny in violation of section 53a-122 or 53a-123; identity theft in violation of section 53a-129b or 53a-129c; forgery in violation of section 53a-138 or 53a-139; or has a criminal record in this state, or any other state, that the Executive Director reasonably believes renders the person unsuitable to own and operate a private occupational school. A refusal of a certificate of authorization under this subsection shall be made in accordance with the provisions of sections 46a-79 to 46a-81, inclusive.

Please note the section below must be completed and your signature notarized affirming the information is true and correct. Failure to complete this section will result in denial of your application for consideration of approval to operate a private occupational school in Connecticut.

- 1) Have you ever been convicted of larceny ? yes no
If you answered yes, please explain in detail below:

- 2) Have you ever been convicted of identity theft ? yes no
If you answered yes, please explain in detail below:

3) Have you ever been convicted of a forgery ? yes no
If you answered yes, please explain in detail below.

4) Do you have a criminal record in Connecticut or any other state ? yes no
If you answered yes, please explain below:

AFFIDAVIT:

I, _____, do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Signature: _____ Title: _____

Print name: _____

Attested:

Sworn/affirmed and subscribed before me this _____ day of _____, 20__

Notary Public: _____

Date of commission expiration: _____