

YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? (Excluding minor traffic violations) YES NO

If YES, Please provide an explanation below:

3. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, Please provide an explanation below:

4. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, Please provide an explanation below:

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE OKLAHOMA BOARD OF MEDICAL LICENSURE.

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____

Applicant Signature _____

Fees:

Include a check payable to Trak-1 Technology for:

_____ **\$22.49**

or

_____ **\$31.49** (for all applicants residing (since age 18) in Colorado, Delaware, Louisiana, Massachusetts, South Dakota, Vermont, West Virginia or Wyoming – due to additional state specific fees)

Please list which state(s) listed above you have resided in: _____

Complete and sign this form and mail with the appropriate fee to:

**Trak-1 Technology
Attn: Oklahoma Board of Medical Licensure
7131 S. Riverside Drive
Tulsa, OK 74136**

For confirmation or review of completed background check contact a Trak-1 Representative at (800) 600-8999.