## ARKANSAS DEPARTMENT OF HEALTH LLM PRE-LICENSURE CRIMINAL BACKGROUND CHECK PETITION

Last Name	First	Middl	e	Date
Street Address	Cit	y St	rate	Zip
Mailing Address, if	different			
Home Phone	Business Phone	Other Phone (cellular, pager, etc.)	Email	
( )	( )	( )		
Criminal Record In	ıformation (Attach addi	tional paper if necessary)	):	
By signing this petiti	on:			
00		d herein (and included on a y information contained th	•	documentation) are true
I acknowledge that, i background check at	•	ı, I may be required to und	ergo a state a	nd federal criminal
		onse to this petition is subjection is subjection proces		if there has been a
	ny decision made in resp and does not guarantee	onse to this petition only a licensure.	pplies to the c	riminal records aspect of
I acknowledge that a	ny decision made in resp	onse to this petition is not	subject to app	eal.
Signature:		Date:		
LLM Pre-Licensure Ci	riminal Background Check	Petition Page 1 of 1		