



THE UNIVERSITY of  
**MISSISSIPPI**  
 SCHOOL OF PHARMACY

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 SCHOOL OF PHARMACY  
 HEALTHCARE CRIMINAL HISTORY  
 BACKGROUND AFFIDAVIT**

State of Mississippi, County of Rankin, University of Mississippi

Before me, a Notary Public in and for the County and State aforesaid, personally appeared the undersigned \_\_\_\_\_, who, after being by me first duly sworn did state upon his/her oath as follows:

- a. That the affiant is currently enrolled at The University of Mississippi, School of Pharmacy, has undergone fingerprinting and a criminal background check by the MS State Board of Pharmacy, and has obtained clearance as evidenced by the issuance of a Pharmacy Extern/Intern license.
- b. That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23(f), Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.
- c. That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which the regulatory agency, the MS State Board of Pharmacy, (1) has determined to be a nature and/or frequency as to be disqualifying for enrollment; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her enrollment, in addition to this affidavit,
- d. Further, the affiant sayeth not.

\_\_\_\_\_  
 Name of Affiant (printed)

\_\_\_\_\_  
 Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 My Commission Expires