

**Felony Statement**

By signing below I am stating that I have never committed, nor been charged with, nor being investigated for, nor prosecuted for any felony offense in the state of Florida or any other state. I fully understand that my failure to disclose this information regarding a felony record or investigation my result in my dismissal from the EMT-B or Paramedic class. I fully understand that to attend the EMT-B or Paramedic class with a felony offense or an on-going investigation will require permission from the Program Director. Any felony offense should be immediately brought to the attention of the Director of Education and Development.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date