Criminal History Exemption Application



This application must be completed in its entirety, and all supporting documentation must be attached. Submit the exemption request to auna@nationalcertificationboard.com

Name:			
Last	First	Middle	Maiden
Mailing Address:			
Social Security Number:			
Date of Birth:			Race:
Circumstances Surrounding the circumstances surrounding you of the offense, the date of the that you have been released from the disqualifying offense.	ur disqualifying offense. disposition, and attach	For each offense, y official documentat	ou must list the date ion demonstrating
(Please attach additional pages as	s needed to complete you	r explanation.)	

Evidence of Rehabilitation: Please explain, in detail, why you believe that you should be granted an exemption. You must provide clear and convincing evidence that you are rehabilitated and do not present a danger to the safety or well-being of others. Please attach supporting documentation to support your explanation. Acceptable forms of rehabilitation documentation include, but are not limited to: successful participation in rehabilitation programs; letters of support from employers or other professionals; personal references; evidence of community involvement, such as awards or recognition; evidence of further education and training.

Employment History: Please provide your employment history for the last three years. Attach additional pages as necessary.

Current or most rec	ent Employer:				
		Employer Name			
Mailing Address:					
Phone Number:					
Dates Employed:		To:			
Your Title or Occupa	tion:				
Responsibilities:			_		
Next Employer:					
		Employer Name			
Mailing Address:					
Phone Number:					
Cumaminan Nama			_		
Dates Employed:	From:	To:	_		
Your Title or Occupa	tion:				
Responsibilities:					

-	tion Application Checklist: Please iden olication.	itify all supporting documer	nts you provided with			
	Official documentation of release from sanction for each disqualifying offense Participation in rehabilitation program Letter of support from employer(s) or Personal references. Evidence of community involvement. Evidence of further education and train Other documentation (please list):	s. other professionals.	upervision or other			
Request for Exemption Review: I am formally requesting that the NCBBHP review and decide on my Criminal History Exemption Request. I understand that it is my responsibility to provide the Board with clear and convincing evidence to support a reasonable belief that I am of good moral character and that I pose no danger to the safety or well-being of others.						
			Your Initials			
l attest	that all information provided to the Bo	pard is true and verifiable.	Your Initials			
Printed	Name					
	Signature		Date			
FOR NCBBHP USE ONLY						
Receive	ed Date: Next BOD Meeting:					
Board [Decision: Approve	☐ Deny	☐ Pending			
Date of	Board decision:	Date of notice to applican	t:			