***APPLICANT’S AFFIDAVIT***

***IN THE STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and is referred to in the forgoing application; that the information supplied herein is true to the best of my knowledge; and that I have read and understand this affidavit. I understand that supplying false information on this application is grounds for denial of licensure and/or disciplinary action against the license in future discovery. Further, I hereby acknowledge that I have read the laws and regulations governing the practice of respiratory care in the State of West Virginia. Furthermore, I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon the request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.*

*Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Must be signed in the presence of an Official Notary)*

 *Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.*

*My commission expires on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.*

 *Notary Signature*

 *Official Notary Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *County State*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*