



Attestation of Compliance with PA Act 14

Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) consecutive years, a PA CHRI and an FBI criminal history report are required prior to enrollment.

As evidence you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box then sign and date the Attestation of Compliance with Act 14 below.

Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

Attestation

This form represents my request to enroll in a nurse aide training program and is verification of compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of Prohibitive Offenses Contained in 63 P.S. § 675 and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3):

- (1) an offense designated as a felony under the act known as “The Controlled Substance, Drug, Device and Cosmetic Act”,
- (2) an offense under one or more of the following provisions of Title 18, and
- (3) a Federal or out-of-state offense similar in nature to those crimes listed under paragraphs (1) and (2).

I check this box to confirm I have not been convicted of any Prohibitive Offense contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand if a conviction for any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3) is present, it is possible I will not be eligible for employment in a long-term care or other health care setting. A potential employer is responsible for reviewing my official Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant’s Signature: _____

Date: _____
(MM/DD/YYYY)