

## AFFIDAVIT

I \_\_\_\_\_, of \_\_\_\_\_  
Name of Student Address

Swear or affirm the following:

1. I have had no incidents of criminal behavior since the local state background check that was completed and confirmed on

\_\_\_\_\_  
DATE

2. I have had no incidents of criminal behavior since the national background check that was completed and confirmed on

\_\_\_\_\_  
DATE

3. I have not taken any illegal substances since the drug screen that was completed and confirmed on

\_\_\_\_\_  
DATE

I understand that I am obligated to notify the University of Florida College of Medicine of any incidents of criminal behavior or drug use prior to or during my requested rotation. I further understand that the University of Florida College of Medicine has the right to remove me from my requested rotation at any time.

Sworn to and subscribed before

me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Signature of Student

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

Rotation Name & Dates: \_\_\_\_\_