



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida County of Palm Beach

Before me this day _____ personally appeared _____

who, being duly (Applicant's/Employee's Name) sworn, deposes and says: As an applicant for employment with Evolution Rehab Group, a Certified Medicare Licensed Rehab Agency, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that: I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 782.04 murder
Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071 vehicular homicide
Section 782.09 killing an unborn quick child by injury to the mother
Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
Section 784.011 assault, if the victim of offense was a minor
Section 784.03 battery, if the victim of offense was a minor
Section 787.01 kidnapping
Section 787.02 false imprisonment
Section 787.025 luring or enticing a child
Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011 sexual battery
Former Section 794.041 prohibited acts of persons in familial or custodial authority
Section 794.05 unlawful sexual activity with certain minors
Chapter 796 prostitution
Section 798.02 lewd and lascivious behavior
Chapter 800 lewdness and indecent exposure
Section 806.01 arson
Section 810.02 burglary
Section 810.14 voyeurism, if the offense is a felony
Section 810.145 video voyeurism, if the offense is a felony
Chapter 812 theft and/or robbery and related crimes, if a felony offense
Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04 incest
Section 827.03 child abuse, aggravated child abuse, or neglect of a child
Section 827.04 contributing to the delinquency or dependency of a child
Former Section 827.05 negligent treatment of children
Section 827.071 sexual performance by a child
Section 843.01 resisting arrest with violence
Section 843.025 depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12 aiding in an escape
Section 843.13 aiding in the escape of juvenile inmates in correctional institution

Chapter 847 obscene literature

Section 874.05(1) encouraging or recruiting another to join a criminal gang

Chapter 893 drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor

Section 916.1075 sexual misconduct with certain forensic clients and reporting of such sexual conduct Section 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm Section 944.40 escape

Section 944.46 harboring, concealing, or aiding an escaped prisoner

Section 944.47 introduction of contraband into a correctional facility

Section 985.701 sexual misconduct in juvenile justice programs

Section 985.711 contraband introduced into detention facilities

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private health program or facility who have direct contact with individuals held for examination or admitted for health treatment.

Section 408.809, F.S. as listed below:

Section 408.8065(3) offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application

Section 409.920 Medicaid provider fraud

Section 409.9201 Medicaid fraud

Section 817.034 fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems

Section 817.234 false and fraudulent insurance claims

Section 817.505 patient brokering

Section 817.568 criminal use of personal identification information

Section 817.60 obtaining a credit card through fraudulent means

Section 817.61 fraudulent use of credit cards, if the offense was a felony

Section 831.01 forgery Section 831.02 uttering forged instruments

Section 831.07 forging bank bills, checks, drafts or promissory notes

Section 831.09 uttering forged bank bills, checks, drafts, or promissory notes

Section 831.30 fraud in obtaining medicinal drugs

Section 831.31 the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been on the OIG exclusion list, been convicted of Medicare fraud, had my professional license suspended or revoked, or been barred from having access to patient records or patient billing.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed at in any position at Evolution Rehab Group (DBA) that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below line on next page, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above.** I have placed a check mark by the offense(s) contained in my record.

(If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

NOTARY

Sworn to and subscribed before me

this _____ day of _____, 2020.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced: _____