

Moral Character Attestation of Director, Trustee or Officer

This form must be completed by each individual who serves as a Director, Trustee or Officer of an entity that is applying for a waiver from the corporate practice prohibitions under section 6503-a of the Education Law. We are asking for your contact information, in the event we have to contact you with any questions. You may use your home or business address, phone number and e-mail address, or you may use the contact address for the entity and we will ask that the entity forwards our request for information of clarification.

1. Name of the entity seeking a waiver of corporate practice prohibitions:

2. Name of the director, trustee or officer completing this form:

Name: _____

Title: _____

Preferred address: _____

Preferred telephone: _____ Preferred e-mail: _____

Board term dates: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

Are you licensed in New York State to practice any profession established under Title VIII of the Education Law?

Yes No If yes, what profession: _____ License number: _____

A. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No

B. Are criminal charges pending against you in any court? Yes No

C. If you are licensed under Title VIII, has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No

D. If licensed, are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

E. Have you ever willfully failed to provide records to any State licensing authority or to Federal, State or Local law enforcement officials that are required by Federal, State or Local laws? Yes No

If yes, please explain: _____

F. Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes No

Note: If you answer "Yes" to any questions (a) through (f), submit a letter giving a complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct".

Attestation

I affirm under penalties of perjury that, to the best of my knowledge, all statements made in this application are true.

Signature

Date

You must include this form with the entity's application for a waiver of the corporate practice prohibitions under section 6503-a of the Education Law. Failure to provide necessary information will delay the processing of the entity's application for a waiver.