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SECTION A - ACTS, CRIMES, AND OFFENSES



1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes    No  
If **Yes**, explain, including when and where it happened.

  

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?  
If **Yes**, indicate the year of discharge: \_\_\_\_\_ Yes    No  
Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years?  
If **Yes**, list each state and the dates you resided there.

7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?

Yes No

***Read and initial the following statement.***

\_\_\_\_\_ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted