Department of Health
Office of Health Care Assurance (OHCA)

STATEMENT OF AUTHENTICITY

Attach the original copy of this Statement to a copy of the Criminal Conviction Record Name Check Report from Hawaii Criminal Justice Data Center.

I, _____ (SSN: _____ - ____ - _____) certify under penalty of false swearing in official matters that the attached Criminal Conviction Record Name Check Report from the Hawaii Criminal Justice Data Center on myself is a true and unaltered copy.

_____ _____
Signature Date