

**VI DEPARTMENT OF HEALTH
VIRGIN ISLANDS BOARD OF MEDICAL EXAMINERS
3500 ESTATE RICHMOND- CHRISTIANSTED, VI 00820-4370**

NOTARIZED NON-ADDICTION AFFIDAVIT

I, _____ am not addicted to the intemperate use of alcohol, illicit drugs, any
(first, middle, last, suffix)

*prescription medications including controlled substances or any mind altering substances that may alter or impair my
judgement and ability to carry out the duties of the profession.*

Affidavit - NOTE: Any false or misleading information in or in connection with any application may be cause for debarment on the ground of lack of good moral character.

Signature

Date

Print Name

Subscribed and sworn to before me this ____ day of _____ 20____

Notary Public

My Commission Expires