

Criminal History Reporting

F28

Must be used if reporting criminal history to DPSST.

Email: certification.scheduling@dpsst.oregon.gov; Mail: 4190 Aumsville HWY SE; Salem, OR 97317

Questions? Call DPSST at 503-378-4411 or email certification.scheduling@dpsst.oregon.gov

Revised
10/6/23



Employee	Last Name		First Name		Middle Name		DPSST Number (leave blank if new)	
	Agency Name:							
	Completion of this Criminal History Supplemental form: <ul style="list-style-type: none"> Is required if you have answered yes to any of the Professional Standards Questions listed on the F5 Application for Training or F7 Application for Certification forms and must be completed each time a new F5 or F7 is submitted to DPSST; or Must be submitted to DPSST within 5 days of an arrest or receipt of a criminal citation to appear. 							
Criminal History 1	Date of Arrest / Citation				Arrest/Citation Charge			
	Arresting /Citing Agency							
	Location of Arrest/Citation (City/County/State)							
	Court of Prosecution (County, Municipal, District, etc.)							
	Date of Final Disposition				Final Disposition Charge			
Criminal History 2	Date of Arrest / Citation				Arrest/Citation Charge			
	Arresting /Citing Agency							
	Location of Arrest/Citation (City/County/State)							
	Court of Prosecution (County, Municipal, District, etc.)							
	Date of Final Disposition				Final Disposition Charge			
Criminal History 3	Date of Arrest / Citation				Arrest/Citation Charge			
	Arresting /Citing Agency							
	Location of Arrest/Citation (City/County/State)							
	Court of Prosecution (County, Municipal, District, etc.)							
	Date of Final Disposition				Final Disposition Charge			
Criminal History 4	Date of Arrest / Citation				Arrest/Citation Charge			
	Arresting /Citing Agency							
	Location of Arrest/Citation (City/County/State)							
	Court of Prosecution (County, Municipal, District, etc.)							
	Date of Final Disposition				Final Disposition Charge			
Signature	I attest the information contained in this form is true and correct. I understand that falsification or omission of this document makes my DPSST certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR Chapter 259 Division 8.							
	Signature: _____						Date _____	
	Printed Name _____			Title _____			DPSST No. _____	
	Email Address _____						Phone _____	