

MERIT OF PUBLIC TRUST: ALL MUST COMPLETE

Please answer the following questions. Note: if the answer to any question in this section is "Yes", you must submit a typed, signed, and dated explanation that provides specific details including disposition of the matter. A "yes" answer will not automatically exclude you from certification.

1. Have you ever been charged with or convicted of a felony or misdemeanor (including Driving Under the Influence convictions) other than a traffic violation? Yes ____ No ____
2. Have you ever had a formal complaint filed against you for alleged unethical behavior or unprofessional conduct? Yes ____ No ____
3. Have you used any substance that you were addicted to or dependent upon within the last 12 months? Yes ____ No ____
4. Have you been diagnosed with or treated for any condition which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 12 months? Yes ____ No ____
5. Have you gambled in a manner which would reflect adversely on the credibility and integrity of the profession in the past 2 years? Yes ____ No ____
6. Have you used controlled substances which were not taken following the direction of a licensed health care provider within the past 2 years? Yes ____ No ____
7. Have you ever been subject to disciplinary action based on unethical behavior, unprofessional conduct or other similar grounds? Yes ____ No ____
8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes ____ No ____
9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit? Yes ____ No ____
10. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution or (3) an adult? Yes ____ No ____
11. Have you ever been found guilty of or liable for fraud or deceit in connection with services rendered as a behavioral health provider by a criminal court of law, civil court of law, or board of a professional organization? Yes ____ No ____

*I certify the information provided here is true and correct. I understand that falsification can result in denial of application or revocation of certificate.

Applicant Signature _____ Date _____

Printed name of Applicant _____