

**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 \_\_\_\_\_