

Part XXII: Criminal Background Questionnaire

CRIMINAL BACKGROUND QUESTIONNAIRE

Name: _____ SS#: XXX-XX- _ _ _ Program: _____

Please answer the following questions. If you answer "yes" to any of the questions, please provide a complete description of dates and circumstances in the space provided. You must provide supporting documents that are applicable.

1. Have you **ever** been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony/misdemeanor or other criminal offense (such as a simple assault, DUI or minor consumption, etc.)? *Note: The fact that a conviction has been pardoned, expunged, dismissed, stayed or deferred does not mean that you answer NO, you should answer YES.*

Yes _____ No _____

If yes, please explain:

2. Is there any pending criminal prosecution against you in which you are charged with commission of a felony?

Yes _____ No _____

If yes, please explain:

Please read the following statement:

If you have been convicted, pled guilty or no contest to, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations), **you are advised that it may not be possible** for you to participate in the internship or clinical portion of this program. You are further advised that the failure to fully and accurately complete this questionnaire could result in your termination in this program. If a student's status changes due to a conviction (other than a minor traffic violation) after applying for the program but before going to clinical, the student must inform the program director/Affiliate Coordinator immediately. If a student fails to notify the program director/Affiliate Coordinator of this status change, they will be subject to disciplinary actions, which may lead up to termination from the program. You may also be prevented from taking required certification examinations, and you may be prevented from gaining employment in this field. Southeast Tech has no ability to affect the employers' determination. The risk is borne solely by the student. You are also advised that Southeast Tech will share the above information with all clinical and internship sites.

I, the undersigned, say that I am the person referred to in the foregoing information and that all information supplied therein is true to the best of my knowledge, and that I have read and understand the above statement.

Signature: _____ Date: _____