

## **MERIT OF PUBLIC TRUST: ALL MUST COMPLETE**

Please answer the following questions. Note: If the answer to any of the items 1 through 11 in this section is "Yes", submit as part of your application a signed, dated type-written explanation that gives 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 complaint filed with a professional association or a counselor certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes \_\_\_\_ No \_\_\_\_
  
3. Have you used any alcohol, narcotic, barbiturate, other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years? Yes \_\_\_\_ No \_\_\_\_
  
4. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including alcohol/drug addiction or dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years? 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 obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years? Yes \_\_\_\_ No \_\_\_\_
  
7. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other 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 for the mentally retarded, or (3) an adult? Yes \_\_\_\_ No \_\_\_\_

11. Have you ever been found guilty of or liable for fraud, deceit in connection with services rendered as a behavioral health provider by a civil or criminal 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 \_\_\_\_\_