Student Affirmation of Appropriate Conduct

The School of Education and Counseling follows state regulations regarding the qualification and training of teachers. Rules 20 and 21 of the Nebraska Administrative Code address the need to make certain that students have no felony or misdemeanor convictions involving abuse, neglect, or sexual misconduct. The Department of Counseling follows these regulations for students in all areas of emphasis (school, community, and higher education). Therefore, all counseling students will need to complete this form, regardless of whether they are in a school or community setting.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN CLINICAL COURSES (ADVANCED PRACTICUM AND INTERNSHIPS) UNTIL THIS NOTARIZED AFFIRMATION HAS BEEN PRESENTED FOR APPROVAL TO DEPARTMENT OF COUNSELING. Do not sign this form until you are in the presence of a notary with your picture identification.

Student Name: (please print) ____________________________________ Student ID#:________________________________

Please answer the following questions by circling either yes or no:

1. Have you ever had a professional license, certificate, permit, credential, or other document authorizing the practice of a profession suspended, revoked, voided, denied, rejected, or voluntarily surrendered? Yes or No

2. Are you currently the subject of any inquiry or investigation, or is any action currently pending against you by any licensing agency, governmental body, or criminal justice agency? Yes or No

2. Have you ever been found guilty of a felony or misdemeanor or entered a plea of guilty or no contest to a felony or misdemeanor in any criminal, drug, or juvenile court? (Misdemeanor convictions for Driving Under the Influence or Minor in Possession of Alcohol must be disclosed to Wayne State College, but will not prevent you from participating in clinical experiences. Minor traffic infractions need not be reported). Yes or No

3. Is an order or determination currently in effect by a court or any other governmental body which finds you to be any of the following: a mentally ill and dangerous person; mentally incompetent to stand trial; acquitted of criminal charges because of insanity; an incapacitated person in need of a guardian; or unable to manage your property due to mental illness, mental deficiency, chronic use of drugs or chronic intoxication? Yes or No

4. Are you currently an inpatient or resident in a mental health facility due to a determination by a qualified mental health professional? Yes or No

You must complete reverse side.

Updated 3-2015
I, ________________________________, swear/affirm that the information I have furnished on this document is true, correct, and complete to the best of my knowledge and belief. I further affirm that I will immediately notify the WSC Department of Counseling office of any event that takes place (after the signed date below) which would change my responses to the questions herein.

Please Print Your Name Here

Please Sign Your Legal Signature Here

(seal) Subscribed/sworn before me this _______ day of _________________, 20__.

Signature of Notary Public: ______________________________________________

If you have been convicted of any criminal charges (other than routine traffic violations and MIPs) in any criminal, drug, or juvenile court, please list the convictions below. Expunged charges may be omitted.

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Copies of all court documents must be provided to the Department of Counseling.

NOTE: If you have had a conviction, there is an appeal process for continuing in the program. If you are interested in information about the appeal process, please ask us for assistance.

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