



### Character and Fitness (please answer all questions to avoid delays)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

1. Do you currently hold, or have you ever held an out-of-state educator license, or an out-of-state professional certificate, license, or other credential in ANY field? (e.g., education, cosmetology, social work, outfitting, acupuncture, etc.) If yes, please provide the following information for every certificate, license or credential: Yes \_\_\_ No \_\_\_

State or Jurisdiction	Type of License	Certificate or License Number
_____	_____	_____
_____	_____	_____

2. Have you ever had an adverse action taken *against* any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain, on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each additional page. Yes \_\_\_ No \_\_\_

- Letter of Warning   
  Suspension   
  Voluntary Surrender   
  Non-Renewal by a state agency  
 Reprimand   
  Denial   
  Revocation   
  Cancellation   
  Other (please describe): \_\_\_\_\_

3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each additional page. Yes \_\_\_ No \_\_\_

4a. Have you ever been convicted of any crime (misdemeanor or felony?) If yes, explain on a separate sheet providing date, locations, and circumstances for each incident. Sign and date each page. You may request a change, correction or update of your record from the FBI through FBI procedures set forth in Title 28, CFR 16.30 to 16.34. **Note: Most arrests and convictions show up on a background check even if purged or dismissed by a court.** Yes \_\_\_ No \_\_\_

4b. Have you entered into a \*pretrial diversion for any crime? If yes, select from the options below and explain on a separate sheet providing dates, locations, and circumstances for each incident. Sign and date each additional page.

*\*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.*

- Yes \_\_\_ No \_\_\_
- Deferred Prosecution   
  Deferred or Suspended Imposition of Sentence   
  Deferred Adjudication  
 Stay of Adjudication   
  First-time Offenders Programs   
  Other Programs (please describe)

**Social Security Number (SSN), Taxpayer Identification Number (TIN), or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following connection with our request for your TIN: Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 34 USC 40102, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure.**

 Social Security Number, Taxpayer ID Number, or Canadian ID: \_\_\_\_\_

***By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.***

Signature \_\_\_\_\_ Date \_\_\_\_\_