

1. **Have you ever been convicted of, found guilty of, pled guilty to or no contest to any crime other than a minor traffic violation? Yes_____ No _____. If your answer is yes, please explain fully in the space below, specifying the nature of the offense(s), dates of occurrence(s), name and location of the court(s), and sentence(s) imposed. This disclosure must be made whether or not you served a sentence and had your civil rights restored, or whether you have had the conviction(s) expunged. (Use additional sheets if necessary.)**

2. **Are you currently using illegal drugs or substances or abusing alcohol or other legal drugs?**

Yes _____ No _____

3. **Have you ever had a professional license, certification, etc. revoked or suspended?**

Yes _____ No _____

Certification

The information I have provided above is accurate and complete. I understand that falsifying or omitting information is grounds for denial of admission or immediate dismissal from the Clinical Mental Health Counseling Program and John Carroll University.

Signature

Date