

**UNIVERSITY OF NEBRASKA AT KEARNEY—CSP DEPARTMENT  
PERSONAL AND PROFESSIONAL FITNESS**

Printed Name of Student \_\_\_\_\_

ID# \_\_\_\_\_

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  No

*If yes, attach a written statement that fully explains the facts and where this occurred.*

2. Are you currently the subject of any inquiry of investigation by any law enforcement agency, prosecutor's office, governmental body, or licensing agency?  Yes  No

*If yes, attach a written statement that fully explains the facts and where this is occurring.*

3. Is any action currently pending against you by any law enforcement agency, prosecutor's office, governmental body, or licensing agency?  Yes  No

*If yes, attach a written statement that fully explains the facts and where this is occurring.*

4. 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? Minor traffic infractions and misdemeanor convictions for Driving Under the influence or Minor in Possession of Alcohol need not be reported.  Yes  No

*If yes, complete Criminal Charges Self-Reporting Form and provide court papers to CSP Department Chair.*

5. 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  No

*If yes, attach a copy of the order and a written statement that fully explains the facts and where this occurred.*

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

*If yes, attach a written statement that fully explains the facts and where this is occurring.*

7. Do you have a Social Security number?  Yes  No

*If no, make an appointment to see the CSP Department Chair.*

**If the status of any of the above questions changes while you are a student at UNK, you must complete a new form.**

**DECLARATION, AUTHORIZATION AND SIGNATURE**

I declare that the information furnished herein is true, correct, and complete to the best of my knowledge. I hereby grant the permission and authorize the University of Nebraska-Kearney (UNK) to verify all responses with any mental health facility or governmental agency and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges or convictions. I hereby release, discharge, and exonerate UNK, its employees, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of UNK. I understand that inaccurate information submitted shall be cause for denial or removal from the applicable Counseling and School Psychology program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature of Student

***For CSP Department Office use only***

Court papers required

Cleared

Court papers not required

Cleared by: \_\_\_\_\_  
Signature Date

UNIVERSITY OF NEBRASKA AT KEARNEY – CSP Department  
**CRIMINAL CHARGES SELF-REPORTING FORM**

**This form must be completed if you answered “YES” to Question #4  
on the Personal and Professional Fitness Form.**

Complete a separate section for each charge. Document additional charges on reverse side of this form.

**Name:** \_\_\_\_\_ **NUID#:** \_\_\_\_\_  
*Please print*

<p><b><u>Charge #1</u></b> Criminal charge: _____</p> <p>Date of offense: _____ County in which offense occurred: _____</p> <p>Name of arresting party/agency (Police or Sheriff’s Office): _____</p> <p>Court of Jurisdiction: _____</p> <p>Plea and conditions of probation, if any: _____</p> <p>_____</p> <p>Details of the incident (you may attach a separate sheet for further explanation): _____</p> <p>_____</p> <p>_____</p>
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<p><b><u>Charge #2</u></b> Criminal charge: _____</p> <p>Date of offense: _____ County in which offense occurred: _____</p> <p>Name of arresting party/agency (Police or Sheriff’s Office): _____</p> <p>Court of Jurisdiction: _____</p> <p>Plea and conditions of probation, if any: _____</p> <p>_____</p> <p>Details of the incident (you may attach a separate sheet for further explanation): _____</p> <p>_____</p> <p>_____</p>
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**Return this form to the CSP Department. Court records related to each charge must also be supplied.**

I declare that, including any attachment, the provided information is true and correct. I understand that submitting inaccurate information is cause for denial or removal from the CSP program.

Student Signature (do not use pencil) \_\_\_\_\_ Date \_\_\_\_\_