Doane University – College of Education - Initial Level Form -

Nebraska Department of Nebraska --- Personal and Professional Fitness Self-Disclosure

To meet the requirement of Nebraska State Department of Education's Rule 20 all students shall complete the following oath prior to participation in field experiences (Practicums or Student Teaching). The answers provide Doane University with information in deciding whether to allow you to participate in practicum experiences and for early identification of issues in the certification process upon completion of your degree.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN FIELD EXPERIENCES (Practicums or Student Teaching), UNTIL THE STATEMENT HAS BEEN SIGNED and PRESENTED TO THE TEACHER EDUCATION PROGRAM.

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**

2. Are you currently the subject of any inquiry or investigation by Doane University under Article I Student Codes; Section 1.01 Student Conduct Code of the Student Handbook? **____ YES ____ NO**

3. 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 ____ NO**

4. Is there any action currently pending against you by Doane University under Article I Student Codes; Section 1.01 Student Conduct Code of the Student Handbook? **____ YES ____ NO**

5. Is there any action currently pending against you by any law enforcement agency, prosecutor's office, governmental body, or licensing agency? **____ YES ____ NO**

6. Have you ever been found in violation of any Doane University's under Article I Student Codes; Section 1.01 Student Conduct Code of the Student Handbook? **____ YES ____ NO**

7. 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 (DUI) or Minor in Possession of Alcohol (MIP) need not be reported. **____ YES ____ NO**

8. 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**

9. 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 you have answered "YES" to any of the above statements: 1) Make arrangements to talk to Program Director or certification officer; 2) Obtain a copy of the court record; and 3) Complete and submit the proper forms to the Nebraska Department of Education for certification purposes.

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 Doane University 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 Doane University, its employees, and any person so furnishing information from any and all liability of every nature and kind arising out of furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of Doane University. I understand that inaccurate information submitted shall be cause for denial or removal from an educator preparation program.

NOTE: In addition, I agree that if convicted of a misdemeanor or felony I will notify the Teacher Education Program's Certification Officer.

Signature: _____ Date: _____

Print Full Name: _____