Michigan State University
Conviction Disclosure Form

The Michigan State Board of Education has authority under Part 10 Administrative Hearings of the Teacher Certification Code to deny, suspend or revoke a teaching certificate (R 390.1201).

Students and certification candidates are asked to provide responses to critical questions prior to (1) admission to the teacher preparation program; (2) internship placement and/or (3) recommendation for initial certification. An applicant who has been convicted of a felony or misdemeanor may be denied admission, field placement, or recommendation for certification. An applicant who has been convicted of a felony or misdemeanor at any point during his or her academic program may, upon request, be granted a hearing prior to a final decision regarding admission, field placement, or recommendation for certification. Such a hearing will be referred to the College of Education Hearing Board for review and recommendation.

Please answer each question by checking “Yes” or “No”. If you answer “Yes” to any question, please provide complete information on next page.

A. Have you ever accepted responsibility for a civil infraction (excluding speeding tickets) or been convicted of (or pled no contest to) a misdemeanor or felony? Do you currently have charges pending against you? ___ Yes ___ No

If you answered yes to either of these this questions, you must provide a Register of Actions or Judgment of Sentence for the conviction or civil infraction from the court in which you were convicted or admitted responsibility.

B. Have you had a teaching, school counselor, school psychologist, or school administrator certificate suspended or revoked? ___ Yes ___ No

C. Is there currently action pending against your teaching, school counselor, school psychologist, or school administrator certificate? ___ Yes ___ No

D. Have you ever surrendered a teaching, school counselor, school psychologist, or school administrator certificate? ___ Yes ___ No

E. Has this conviction/civil infraction previously been disclosed to the MSU Certification Office? ___ Yes ___ No
If you answered yes to question A, please answer the following questions for each conviction/civil infraction. (Attach a separate page, if necessary.)

a) What was the offense? ________________________________________________________________

Fully explain the circumstances. (Attach an additional page, if necessary.)

______________________________________________________

______________________________________________________

b) What was the date of your conviction/admission of responsibility? _______________________

c) In what city, state, and country did this occur? __________________________________________

d) In what court? ______________________________________________________________________

e) Please provide any other facts that you consider relevant to this circumstance:

______________________________________________________

______________________________________________________

If you answered yes to any other question, please note the item to which you are responding and fully describe the nature of the issue. (Attach an additional sheet, if necessary.)

_____________________________________________________________________________________

_____________________________________________________________________________________

RELEASE:

I declare and affirm, under penalty of committing fraud in the application process, that all the statements made in the foregoing application, including its accompanying statement or form, are true, complete and correct. I further declare and affirm that any conviction that occurs subsequent to the date of this application but prior to the issuance of any certificate will be reported, in writing, to the Certification Officer, 134 Erickson, Michigan State University, East Lansing, MI 48824.

By signing this form, I consent to the release of information to Michigan State University for the purpose of ascertaining my moral character and to the State of Michigan, Office of Professional Personnel Services, as necessary.

DATE  ____________________________

STUDENT #:  _________________________

SIGNATURE  ____________________________________________________________

NAME (Print)  _____________________________________________________________

ADDRESS  ________________________________________________________________

______________________________________________________

E-MAIL  ________________________________________________________________

TELEPHONE  ______________________________________________________________

8/25/2015