



**PERSONAL AND PROFESSIONAL FITNESS FORM**

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

ID Number \_\_\_\_\_

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? Yes      No  
\*The ONLY exceptions are speeding and parking violations.  
*If yes, complete Criminal Charges Self-Reporting Form and provide court papers to the Office of Student Services.*
5. Is an order or determination currently in effect by a court or any other governmental body which finds you 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 Certification Officer in the College of Education’s Office of Student Services, Roskens Hall 204, 402-554-3482.*

**If the status to any of the above questions changes while you are a student at UNO, 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-Omaha (UNO) 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 UNO, 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 UNO. I understand that inaccurate information submitted shall be cause for denial or removal from an educator preparation program.

\_\_\_\_\_  
Date, (mm/dd/yyyy)

\_\_\_\_\_  
Student Signature\*\*

\*\* This digital signature verifies authentication of this document

\* If you answered “yes” to any of the questions, make an appointment with the Office of Student Services, Roskens Hall 204, 402-554-3482, immediately, if you have not yet discussed prior conviction(s). **If you are in a graduate program and have already received your teaching certificate, there is no need to contact the Office of Student Services if the incident happened prior to your original teaching certificate was issued and is on record with the Nebraska Department of Education.**