

CONVICTION/CRIMINAL HISTORY INFORMATION

This form must be completed to be considered for the Preceptorship Program

Last Name: _____ First Name: _____ Middle Name: _____

A conviction will not necessarily be a restrictor to the program; however, inaccurate reporting will be. Relevant factors such as date, seriousness, nature of the program, and the honesty of the Student in completing the form will be taken into consideration. Declining or failing to disclose all convictions on this form will result in rejection in the Program.

1. Have you ever been disciplined, separated from employment, or left employment while under investigation for abuse, neglect, or sexual exploitation of a patient, child, or incapacitated adult?
Yes No If yes, please explain:

2. Have you ever been convicted* of a crime other than a minor traffic violation? Yes No
If yes, type of offense: Felony Misdemeanor

Date of conviction: _____ State: _____ County: _____

Description of conviction:

*Convictions include Virginia juvenile adjudication for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding if you were age fourteen (14) to eighteen (18) when charged.

If you need additional space, please use another sheet of paper and attach it to this form; include the type of offense, date of conviction, state and county of conviction record, as well as a description of the conviction.

By signing this document, I attest the information to be true:

Print Name

Signature

Date