## Self-Disclosure and Informed Consent

Student Name:

*(please print name clearly)*

Student ID #: Last Four Digits of Social Security Number:

Section 20-4-11 of Montana Code Annotated (Montana School Law) gives the Board of Public Education the authority to suspend, revoke or deny licensure of any person who (A) has been convicted of a crime more serious than a traffic violation, (B) makes any statement of material fact in the application for a license which the applicant knows to be false, (C) has been denied, had revoked, suspended, or has surrendered a teacher or specialist license or certification in another state, or (D) is guilty of immoral conduct related to the teaching profession.

A “yes” answer on one or more of the questions that follow will not necessarily eliminate you as a candidate for a Montana teacher licensure, ABA internship, or for the School Counseling Program. This form is designed to serve as an initial screening device to identify candidates from whom further information is needed. Your signature must be notarized.

|  |  |  |
| --- | --- | --- |
|  Yes |  No | 1. Have you ever been arrested or convicted of a misdemeanor other than a traffic violation? |
|  Yes |  No | 2. Have you ever been arrested, indicted, or convicted of a felony charge? |
|  Yes |  No | 3. Have you ever been denied admission to a teacher education program? |
|  Yes |  No | 4. Have you ever been removed from a teacher education program? |
|  Yes |  No | 5. Have you ever had a teaching certificate denied or revoked in any state? |

***If you respond “Yes” to questions 1-5 above,***

***you must complete one disclosure-of- information form per incident*.**

 \_\_\_\_\_Yes \_\_\_\_\_No 6. I acknowledge that I am to immediately disclose any new criminal arrest(s) and/or

 conviction(s) that occur after the notarized date on this document. Failure to do so

 may result in delay of program completion or removal from the program.

***Oath:***

I attest that the responses I have made to the above questions are true statements and I understand that falsification may be considered sufficient cause for my removal from the educator preparation program or ultimate denial of my teaching license. I understand that a federal background check is required for admission to the Educator Preparation Program, ABA, or School Counseling Program at Montana State University Billings. All information I have provided is accurate and I give the College of Education the right to verify that information through a criminal background check (both state and federal). I understand that the results of the background check could lead to denial to admission and/or denial to participate in any field experiences. I give my permission to the College of Education to disclose the results of the criminal background check with other educational institutions, law enforcement agencies, courts, state departments and/or agencies as deemed appropriate by the College.

(*Sign in front of a Notary Public)*

Applicant’s Signature

Date

State of

County of

Subscribed and sworn to before me this day of , 20

Notary’s Signature

## Disclosure of Information Form

*Arrests, indictments, and/or convictions*

|  |  |
| --- | --- |
| **Legal Name (at time of arrest)** |  |
|  |
| **Age****(at time of arrest)** |  | **Date of arrest** |  |
|  |
| **Location of arrest** | **Town/City** | **County** | **State** |
|  |  |  |
|  |  |  |  |
| **Arresting Agency (circle one)** | **City Police Department** | **County Sheriff’s Office** | **Tribal Police** |
|  |
| **Charge(s)** |  |
|  |  |
|  |  |
|  |
| **Name of Court** |  |
|  |
| **Court Action (circle one)** | **Convicted** | **Deferred** | **Suspended** | **Dismissed** | **Other** |
|  |
| **In the space below provide a full description of the circumstances of the arrest and court action. If****additional space is needed, attach a word processed document of explanation.** |
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**Disclosure of Information Form**

*Removal from a teacher education program Denial of admission to a teacher education program*

*Denial or revocation of a teaching license*

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| --- | --- |
| **Legal Name** |  |
|  |
| **University and/or State****(license revocation)** |  |
|  |
| **Date of removal, denial, or revocation** |  |
|  |  |  |  |
| **In the space below provide a full description of the circumstances of the removal, denial, or****revocation. If additional space is needed, attach a word processed document of explanation.** |
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