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ST. CLOUD HOSPITAL SCHOOL OF DIAGNOSTIC IMAGING

# Self Disclosure Form

**Name-Full Date**



**(PRINT)**

1. **Have you been convicted of a crime, which includes felony, gross misdemeanor or misdemeanor, with the sole exceptions of speeding and parking violations? All alcohol-and/or drug-related violations must be reported. “Conviction,” as used in this provision, includes a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolo contender.**

**YES NO **

1. **Have you ever been investigated for child or dependent abuse or neglect?**

**YES  NO **

1. **Have you ever had any type of academic honor code violation? (this includes a suspension, dismissal, or expulsion from an educational program attended)**

**YES  NO **

**\*\*Required Additional Information: If you answer YES to either or both questions 1 and 2, you are required to explain fully on a separate document and attach it to the application form. Your application will NOT be accepted if you do not provide the additional explanation.**

***I certify that answers given herein are true and complete to the best of my knowledge. I understand that intentional false statements made on this application or incomplete information will be used as a base for denying admission or dismissal from the program if discovered. I also understand that further investigation regarding my past criminal history records may be undertaken based on my responses to the above questions and that information regarding a formal background check will be provided to me in the event that further investigation is found to be necessary.***

**Signature Date**

**St. Cloud Hospital School of Diagnostic Imaging requires that all students that are accepted into the program have an external background check completed on them. This check will be completed by a hospital-contracted agency. Permission forms will accompany acceptance information.**