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ST. CLOUD HOSPITAL SCHOOL OF DIAGNOSTIC IMAGING

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## Self Disclosure Form

Name-Full  
(PRINT)

Date

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 contendere.

YES

NO

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

YES

NO

3. 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.