

City

Today's Date:

Graduate School

36600 Schoolcraft Road Livonia, Michigan 48150-1176 734-432-5667 F: 734-432-5862 grad@madonna.edu madonna.edu

Criminal History Form

Master of Science in Clinical Psychology (MSCP)

Individuals who practice in the field of clinical psychology often work with vulnerable people and are entrusted with their protection. As a result, the Michigan State Bureau of Health Services Psychology Licensing Board requires that applicants for licensure must demonstrate character worthy of this trust. In evaluating the admissions applications of people who may practice in this field, Madonna University also considers issues of fitness for practice. As one means of assessing the applicant's suitability, the University requires that every applicant to Madonna University's MSCP program complete this form and submit it to The Graduate School along with other required application materials. As with all materials submitted in application to the graduate program, this information will be kept in strictest confidence; it will be made available only to people involved in the admissions process. Please respond to each question given below by checking Yes or No and then complete the information at the bottom of the page.

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|---|
| Have you ever been convicted of a criminal offense other than a minor traffic violation or are such charges pending against you at this time? Yes \Box No \Box |
| Has a Family Court or Juvenile Court ever determined that you were responsible for the abuse or neglect of a minor child? Yes \square No \square |
| IMPORTANT : If you answered yes to either of these questions, please attach a detailed statement of explanation that includes the date of the incident or incidents, the nature of the incident or incidents, and, if you were convicted, the sentence imposed. An affirmative response will not necessarily lead to a denial of admission for an otherwise qualified applicant; however it will prompt a more intensive review of your application. |
| By my signature below, I attest that all of the information I have provided on this form and on any attachments s truthful and complete. |
| Your name (Print): |
| Signature: |
| Address: |
| |

Zip

State