

**Affidavit of Good Moral Character**

This form must be completed by all applicants for the Master of Arts in Clinical Counseling program. Students answering “Yes” to any of the questions below may be required by the Admissions Committee to participate in an interview addressing the response(s), undergo further background check screening, or answer other questions that the Committee finds appropriate. A complete BCI and FBI background check is required prior to a student’s Practicum or Internship placement. Students who fail to provide complete and accurate information may be subject to discipline or dismissal.

Name	Date			
Social Security Number	Email Address			
Current Street Address	City	State	Zip	County
Home Phone Number	Driver’s License Number – State			

1. Have you ever been convicted of, found guilty of, or plead guilty to any misdemeanor other than traffic offenses?  Yes  No
2. Have you ever been convicted of, found guilty of, or plead guilty to any felony?  Yes  No
3. Have you ever had a teaching certificate, counselor’s license, or social worker’s license limited, suspended, or revoked?  Yes  No
4. Have you ever surrendered a teaching, counseling, social worker certificate, license, or permit?  Yes  No

If you answered Yes to any of the above questions, please attach a separate page with a full and complete explanation of the circumstances of the incident requiring a Yes answer.

**I agree that, if while enrolled at Winebrenner Theological Seminary, any event should occur which would cause me to answer Yes to any of the above questions, I will immediately notify the Office of the Academic Dean. I hereby swear, or affirm, that the above information is true and correct.**

Applicant’s Signature \_\_\_\_\_

State of \_\_\_\_\_ )  
 \_\_\_\_\_ )ss. (SEAL)  
 County of \_\_\_\_\_ )

Signed and sworn to/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_