

UAF-UAA Joint Ph.D. Program in Clinical-Community Psychology  
**Student Disclosure Form**

The following questions must be answered. "Yes" answers may not automatically result in denial of admission or dismissal from the Ph.D. Program in Clinical-Community Psychology.

1. Have you ever been convicted of any criminal offense(s), other than minor traffic violations, under the laws of any state or of the United States or of any country (convictions include suspended imposition of sentence)?  
 yes  no
2. Within the past five years, have you experienced, been diagnosed with, or received treatment for a persistent or severe mental or emotional illness or personality disorder?  yes  no
3. Within the past five years, have you experienced, been diagnosed with, or received treatment for any physical or mental condition that may impair or interfere with your ability to engage in practice as a psychologist?  yes  no
4. Within the past five years, have you experienced, been diagnosed with, or received treatment for any chemical impairment or substance abuse?  yes  no
5. Have you ever had a professional license of any kind denied, revoked, suspended, surrendered, stipulated, on probation, or subject to any other restriction or disciplinary action in any jurisdiction?  
 yes  no  not applicable
6. Have you ever voluntarily surrendered or restricted a professional license in any jurisdiction?  
 yes  no  not applicable
7. Have you ever been disciplined by a state board for any violation of the ethics of any profession?  
 yes  no  not applicable
8. Have you ever entered into a malpractice settlement or had a malpractice judgment entered against you?  
 yes  no  not applicable
9. Have you ever been formally dismissed from an Undergraduate or a Graduate Degree Program?  
 yes  no  not applicable

If you answered "Yes" to any of the above questions, please provide dates and explain circumstances on a separate piece of paper, and submit any supporting documents that are applicable (court records, treatment records, etc.).

I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any false information may result in denial of admission or immediate dismissal from the program.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

*Please do not pre-sign the form as the Notary Public needs to witness applicants signing the form*

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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