



**Counseling and Human Resource Development Program**  
Counseling and Human Development Department  
*South Dakota State University*

The Counseling and Human Resource Development (CHRD) program at South Dakota State University requires applicants to complete this disclosure statement. Applicants admitted to CHRD will be required to complete and pay for a criminal background check as a standard for the profession.

Applicants must disclose, among other things, whether they have ever been charged with, or convicted of, any crime and whether licensure has ever been denied or revoked in any state for reasons other than insufficient credit or courses. The existence of a criminal record or denial of revocation does not constitute an automatic bar to admission and will be considered only as they substantially relate to the duties and responsibilities of the programs and eventual licensure.

Falsification or omission of information relevant to these questions may constitute grounds for denying your admission to the program or for termination of your admission if the falsification or omission is discovered after admission. Further, after you have submitted the disclosure statement, while your application is being considered or while you are a student in the program, if circumstances occur that would change any responses, you must inform the department of the changed responses.

An affirmative response to an item does not necessarily mean that you will be denied admission. You may be contacted for further explanation of the circumstances leading to the affirmative response. In addition, the department may request further information from the appropriate sources. When necessary, your consent will be obtained. The department will take the information received into account when determining whether to admit you to the program, to postpone admission, or to place special conditions on your admission or to provide special accommodations.



## DISCLOSURE STATEMENT

Department of Counseling and Human Development  
South Dakota State University

Applicant name \_\_\_\_\_ Student ID or SS# \_\_\_\_\_

**Please answer the questions below providing an explanation when necessary; attach additional paper if needed:**

*(NOTE: The existence of criminal charges or a criminal record or denial or revocation of a license does not constitute an automatic bar to admission and will be considered only as they substantially relate to the duties and responsibilities of the program and eventual licensure.)*

1. Have you ever been admitted to, then withdrawn from, been asked to withdraw from, or been dropped from: student teaching, clinical experience, or other intern/practicum program **for other than academic reasons?**  
 No  Yes; \_\_\_\_\_
2. Has licensure (teaching or other) been denied to you, or been revoked from you, in any state in the United States for reasons other than insufficient credits or courses?  
 No  Yes; \_\_\_\_\_
3. Have you ever been suspended, expelled, placed on probation, or otherwise disciplined by any college or university, or from any program of a college or university **other than for academic reasons?**  
 No  Yes; \_\_\_\_\_
4. Have you ever been charged with, convicted of, pleaded guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations?  
 No  Yes; \_\_\_\_\_
5. Is there anything that would prohibit you from performing essential "job-related" functions, or functions related to your responsibilities as a student in the program to which you are applying? *(NOTE: The existence of a physical or mental condition or impairment does not constitute an automatic bar to admission to the program and will be considered only as it/they relate(s) to an ability to perform the duties or responsibilities of a student within the program. Further, the University will make reasonable accommodations to a physical or mental disability.)*  
 No  Yes; \_\_\_\_\_

**I hereby certify that the above statements are true to the best of my knowledge. I understand that any false statements or omissions of information may result in denial of my admission or termination of my admission if the falsification or omission is discovered after I am admitted.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

All applicants must return this document to:

Counseling and Human Development Department  
South Dakota State University  
Box 507 Wenona Hall 312  
Brookings, SD 57007-0095  
[sdsu.chd@sdstate.edu](mailto:sdsu.chd@sdstate.edu)