

IMPORTANT: This document must accompany your application for admission to the Clinical Laboratory Science Program.

University of Wisconsin-La Crosse

DISCLOSURE STATEMENT

The Clinical Laboratory Science Program requires applicants for admission to programs leading to certification or requiring clinical practicum, e.g., clinical experiences or internships, to complete the following disclosure statement.

Applicants for admission must disclose, among other things, whether they have ever been charged with or convicted of any crime, and whether licensure of any kind has ever been denied or revoked in any state for reasons other than insufficient credits or courses. The existence of a criminal record or denial or 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 certification.

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 a program or if circumstances occur that would change any responses, you must inform the Clinical Laboratory Science Program of the changed responses.

An affirmative response to an item does not necessarily mean that you will be denied admission. You will be contacted to explain the circumstances leading to the affirmative response. In addition, the Clinical Laboratory Science Program may request further information from the appropriate sources. If necessary, your consent to obtain this information will be acquired. The Program will take the information obtained into account in determining whether to admit you to the program, to postpone admission, to place special conditions on your admission, or to provide special accommodations.

In the event you are denied admission to the program based on your responses to the questions, you have the right to appeal that decision. Notice of the grievance procedure will be forwarded to you in the event of a denial. A copy of the grievance procedure is also available in the program office.

Please complete the form on back of this page.

DISCLOSURE STATEMENT

Name _____

Student ID Number _____

1. Have you ever been admitted to and withdrawn from, been asked to withdraw from, or been dropped from a clinical program for other than academic reasons? Yes _____ No _____

2. 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? Yes _____ No _____

3. 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? Yes _____ No _____

PLEASE NOTE: *The existence of a physical or mental condition or impairment does not automatically preclude 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. Further, the University will make reasonable accommodations to a physical or mental disability.*

Student's Signature

Date