

DISCLOSURE STATEMENT

**University of Wisconsin-La Crosse
College of Science & Allied Health
Department of Health Professions
Occupational Therapy Program**

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The Occupational Therapy Program requires applicants for admission to complete the following disclosure statement in preparation for fieldwork and eventual certification and licensure.

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, 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 program 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. If circumstances occur that would affect any responses, after the submission of your disclosure statement you must immediately inform the Occupational Therapy Program Director of the changes.

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 Program of Occupational Therapy Program may request further information from the appropriate sources. If necessary, your consent to obtain this information will be obtained. The Occupational Therapy 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 departmental office.

IMPORTANT: This document must accompany your application for admission to the MS in Occupational Therapy Program

Please complete the form on the back of this page.

DISCLOSURE STATEMENT

Name _____

Student ID Number _____

1. Have you ever been admitted to, then withdrawn from, or been Asked to withdraw from, or been dropped from, a clinical program For other than academic reasons? Yes____ No____

2. Has licensure been denied to you, or been revoked from you, in any state in the United States for reasons other than insufficient credits or courses Yes____ No____

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? Yes____ No____

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. Yes____ No____

PLEASE NOTE: *The existence of criminal charges or a criminal record or denial of 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.*

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? Yes____ No____
Please refer to Part III of application packet entitled,
Technical Standards of Performance for Applicants.

PLEASE NOTE: *The existence of a physical or mental condition or impairment does not constitute an automatic bar to admission to the student/intern program and will be considered only as it/they relate(s) to an ability to perform the duties or responsibilities of a student or intern. Further, the University will make reasonable accommodations to a physical or mental disability.*

Signature

Date