

SAMPLE WASHINGTON ADMISSION APPLICATION

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court.

This sample application has essentially the same questions as will be on the online application available on Do not submit a paper application. Use this to prepare answers and gather documentation.

APPLICANT INFORMATION

- **Full legal name. You must provide your full legal name including middle name(s) if any. *Required**

First _____ Middle _____ Last _____ Suffix _____

- **Previous Names**

Have you ever used or been known by any other name? ***Required**

Yes No

Note: Your name(s) will be used as identification in correspondence sent to schools, employers, courts, references, etc. You must provide the full legal name including middle name(s) if applicable.

If Yes (the following information is required for every name):

Include information for all other names (e.g., legal names, nicknames, or aliases) using separate entries.

First _____ Middle _____ Last _____ Suffix _____

- **From Date**

Month _____ Day _____ Year _____

- **To Date**

Month _____ Day _____ Year _____

- **Reason for use or change**

- **Social Security Number * Required if you have one**

I do not have a social security number

- **Birth Date**

Month _____ Day _____ Year _____

- **Place of Birth (City, State/Province, County) * Required**

City _____ State _____ County _____

CONTACT INFORMATION

Please provide the mailing address and telephone numbers at which you can be reached during the next six months.

Email Address *Required

Home/Mobile Phone *Required

Office Telephone Number

Mailing Address *Required

Firm Name (optional) _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

NCBE Number: {NCBE Number does not apply to applicants for LPO, LLLT, Law Clerk, Military Spouse, Indigent Rep, or Legal Intern.}

Note: You must provide us with your identification number received from the National Conference of Bar Examiners (NCBE). Your unique NCBE Number will be used for identification purposes if you take the Uniform Bar Examination and the Multistate Professional Responsibility Examination. If you do not already have an NCBE Number, request your NCBE Number at www.ncbex.org/ncbe-number.

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

1. Law Student Registration

Have you ever submitted an application to register with a bar authority as a law student? *Required

Yes No

If Yes (the following information is required for every such application):

- Name of U.S. jurisdiction, tribal court, or foreign jurisdiction * Required

- **Name and address of bar or licensing authority** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

Country _____

- **Date application submitted** * Required

Month _____ Day _____ Year _____

2. **Bar Exam**

Have you ever applied to take a bar exam or other exam to be admitted/licensed/registered to practice law, in any jurisdiction? *Required

Yes No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** * Required

- **Name and address of bar or licensing authority** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Date application submitted** * Required

Month _____ Day _____ Year _____

- **Date examination taken**

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction?** * Required

Yes No

If Yes:

- **Admission or readmission date** * Required

Month _____ Day _____ Year _____

- **Bar Number** _____

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- **Reason not admitted/licensed/registered** * Required

Failed Exam Withdrew Application Pending Denied

Exam Misconduct

Other Reason _____

- **Explanation** * Required

3. **UBE Score Transfer**

Have you ever previously applied for admission/registration/licensing by transferred UBE score in any jurisdiction? * Required

Yes No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction** * Required

- **Date application submitted** * Required

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction?** * Required

Yes No

If Yes:

- Admission or readmission date** * Required
Month _____ Day _____ Year _____
- Bar Number** _____
- Admitted/licensed/registered as** * Required
 - Attorney House Counsel Foreign legal Consultant
 - Other _____

If No:

- Reason not admitted/licensed/registered** * Required
 - Withdrew Application Pending Denied Exam Misconduct
 - Other Reason _____
- Explanation**

4. Motion

Have you ever previously applied for admission on motion or by reciprocity in any jurisdiction?

*** Required**

- Yes No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** * Required

- **Name and address of bar or licensing authority** * Required
 - Name * _____
 - Country * _____
 - Address Line 1 * _____
 - Address Line 2 _____
 - Address Line 3 _____
 - City * _____
 - State/Province _____
 - Postal Code * _____
 - County _____

- **Date application submitted** * Required

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction?** * Required

Yes No

If Yes:

- **Admission or readmission date** * Required

Month _____ Day _____ Year _____

- **Bar Number** _____

- **Admitted/licensed/registered as** * Required

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- **Reason not admitted/licensed/registered** * Required

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

- **Explanation** * Required

5. **Diploma Privilege**

Have you ever applied for admission/licensing/registration by diploma privilege in any jurisdiction?

* Required

Yes No

If Yes (the following information is required for every time you applied for such admission):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** * Required

- **Name and address of bar or licensing authority** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Date application submitted** * Required

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction?** * Required

Yes No

If Yes:

- **Admission or readmission date** * Required

Month _____ Day _____ Year _____

- **Bar Number** _____

- **Admitted/licensed/registered as** * Required

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- **Reason not admitted/licensed/registered** * Required

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

- **Explanation** * Required

6. Foreign Legal Consultant

Have you ever previously applied for admission, registration, or licensing as a foreign legal consultant in any jurisdiction? * Required

Yes No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** * Required

- **Name and address of bar or licensing authority** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Date application submitted * Required**

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction? * Required**

Yes No

If Yes:

- **Admission or readmission date * Required**

Month _____ Day _____ Year _____

- **Bar Number** _____

- **Admitted/licensed/registered as * Required**

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- **Reason not admitted/licensed/registered * Required**

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

- **Explanation * Required**

7. **House Counsel**

Have you ever previously applied for admission, registration, or licensing as in-house counsel in any jurisdiction? *** Required**

Yes No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction * Required**

• **Name and address of bar or licensing authority** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

• **Date application submitted** * Required

Month _____ Day _____ Year _____

• **Were you admitted to this Jurisdiction?** * Required

Yes No

If Yes:

○ **Admission or readmission date** * Required

Month _____ Day _____ Year _____

○ **Bar Number** _____

○ **Admitted/licensed/registered as** * Required

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

○ **Reason not admitted/licensed/registered** * Required

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

○ **Explanation** * Required

8. Other Applications

Have you ever otherwise submitted an application to, or been authorized or licensed to practice law in any U.S. or foreign jurisdiction or tribal court? *** Required**

Yes No

If Yes (the following information is required for every application or authorization):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** *** Required**

- **Name and address of bar or licensing authority** *** Required**

Name ***** _____

Country ***** _____

Address Line 1 ***** _____

Address Line 2 _____

Address Line 3 _____

City ***** _____

State/Province _____

Postal Code ***** _____

County _____

- **Date application submitted** *** Required**

Month _____ Day _____ Year _____

- **Date examination taken** *** Required**

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction?** *** Required**

Yes No

If Yes:

- **Admission or readmission date** *** Required**

Month _____ Day _____ Year _____

- **Bar Number** _____

- **Admitted/licensed/registered as** *** Required**

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- Reason not admitted/licensed/registered * Required
 - Withdrew Application Pending Denied Exam Misconduct
 - Other Reason _____
- Explanation * Required

9. Bar Association Membership

Have you ever been or are you currently a member of any mandatory bar association? **If yes**, list the full name and address of each mandatory bar association of which you have been or are currently a member. **NOTE** - You do not need to report membership if you were a law student at the time you were a member of the bar association. * Required

- Yes No

If Yes (the following information is required for every mandatory bar association of which you are or have been a member):

- Name and address of the bar association * Required
 - Name * _____
 - Country * _____
 - Address Line 1 * _____
 - Address Line 2 _____
 - Address Line 3 _____
 - City * _____
 - State/Province _____
 - Postal Code * _____
 - County _____

- Are you a current member of this bar association? * Required
 - Yes No

If Yes, member:

- From * Required
Month _____ Day _____ Year _____

If No, member:

- From * Required
Month _____ Day _____ Year _____

- **To * Required**

Month _____ Day _____ Year _____

10. Licensed Legal Professional Discipline

Have you ever been disbarred, suspended, censured, or otherwise disciplined, sanctioned, or disqualified as a lawyer or other licensed legal professional? **If yes**, include a copy of relevant documentation from the regulatory agency. *** Required**

- Yes No

If Yes (the following information is required for every such incident):

- **Name and address of the Regulatory Agency * Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Case Number (if applicable)**

- **Date * Required**

Month _____ Day _____ Year _____

- **Action Taken * Required**

- **Explanation * Required**

11. Licensed Legal Professional Complaint

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a lawyer or other licensed legal professional, including any dismissed or now pending?

If yes, include a copy of relevant documentation from the regulatory agency. *** Required**

- Yes No

If Yes (the following information is required for every such matter):

- **Name and address of the Regulatory Agency** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Case Number (if applicable)**

- **Date** * Required

Month _____ Day _____ Year _____

- **Action Taken** * Required

- **Explanation** * Required

12. **Unauthorized Practice of Law**

Have you ever been the subject of any formal or informal charges, complaints, or grievances alleging that you engaged in the unauthorized practice of law, including any dismissed or now pending? **If yes**, include a copy of relevant documentation from the regulatory or law enforcement agency. * Required

Yes No

If Yes (the following information is require for each action):

- **Name and address of the Regulatory or Law Enforcement Agency** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Case Number (if applicable)**

- **Date * Required**

Month _____ Day _____ Year _____

- **Action Taken * Required**

- **Explanation * Required**

13. Court Sanction or Disqualification

Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? **If yes**, include a copy of the order of sanction or disqualification and any documentation demonstrating compliance with the order. *** Required**

Yes No

If Yes (the following information is required for every court sanction or disqualification):

- **Name and address of the Court * Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Case Number** * Required

- **Case Name** * Required

- **From Date** * Required

Month _____ Day _____ Year _____

- **To Date**

Month _____ Day _____ Year _____

- **Action Taken** * Required

- **Explanation** * Required

EDUCATION

14. Law Office Study/Washington Supreme Court APR 6 Law Clerk program

Did you engage in law office study or complete Washington's APR 6 Law Clerk Program in lieu of receiving a J.D.? * Required

Yes No

If Yes (the following information is required for every such study or program):

- **Name of Tutor/Proctor** * Required

- **Name and address of firm** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Date Started** * Required

Month _____ Day _____ Year _____

- **Date Finished or Expect To Be Finished** * Required

Month _____ Day _____ Year _____

15. Law School Attendance

List complete information regarding all law school attendance. Multiple degrees received from the same school require separate entries.

- I have attended law school * Required

Yes No

If Yes (the following information is required for every law school attended):

- **Attended From** * Required

Month _____ Day _____ Year _____

- **Attended To** * Required

Month _____ Day _____ Year _____

Check here if your enrollment at this institution was entirely through an online degree or program.

- **Enrollment Status** * Required

Full Time Part Time

- **Degree received or expected to be received** * Required

None J.D. LL.M.

LL.M. for the Practice of Law LLLT Practice Certificate

Other _____

- **Did you/will you receive this degree from an ABA approved Law School?** * Required

Yes No

If Yes:

- Law School * Required

If No:

- Provide the name and mailing address of the non-ABA law school/institution you attended * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- Are you relying on an LL.M. for the Practice of Law from an ABA-accredited law school per APR 3(b)(4) to apply to take the Washington Bar Exam? * Required

Yes No

16. Law School Discipline

Have you ever taken a leave of absence from any law school, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, subjected to other discipline, or requested to discontinue your studies by any law school? * Required

Yes No

If Yes (the following information is required for every applicable action):

- Name of Institution * Required

- Action taken * Required

- Date action taken * Required

Month _____ Day _____ Year _____

- Explanation * Required

17. College/University Attendance

List complete information regarding all college/university attendance. Multiple degrees received from the same school require separate entries.

ATTENTION - Report all law school education, including any LL.M. degrees awarded by a law school and any LL.M. for the Practice of Law degrees, under question 15.

I have attended College or University. *** Required**

Yes No

If Yes (the following information is required for every college/university attended):

- **Name and mailing address of college/university** *** Required**

College/University Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Attended From** *** Required**

Month _____ Day _____ Year _____

- **Attended To** *** Required**

Month _____ Day _____ Year _____

- **Degree received** *** Required**

No Degree Associates Bachelors Masters

Ph.D. LL.M. Not Awarded by Law School

Other _____

- **Field(s) of Study** *** Required**

Check here if your enrollment at this institution was entirely through an online degree or program.

18. College/University Discipline

Have you ever taken a leave of absence from any college or university, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, subjected to other discipline, or requested to discontinue your studies by any college or university?

Note: You must include applicable college/university in question College/University Attendance.

*** Required**

Yes No

If Yes (the following information is required for every applicable actions):

- **Name of Institution * Required**

- **Action taken * Required**

- **Date action taken * Required**

Month _____ Day _____ Year _____

- **Explanation * Required**

RESIDENCES

19. Residence History

List every permanent or temporary physical address where you have resided for a period of one month or longer for the last ten years or since you were first admitted, licensed, or authorized to practice law, whichever period of time is longer.

NOTE - If you have never been admitted, licensed, or authorized to practice law, list every permanent or temporary physical address where you have resided for a period of one month or longer, for the last ten years or since age 18, whichever period of time is longer.

Have you ever been admitted, licensed, or authorized to practice law? * Required

Yes No

If Yes:

- **Date first admitted to practice**

Month _____ Day _____ Year _____

Residence address (the following information is required for all addresses during relevant time period): * Required

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Date From * Required**

Month _____ Day _____ Year _____

- **Date To * Required**

Month _____ Day _____ Year _____

EMPLOYMENT

20. *Employment History*

List your employment and unemployment information for the last ten years or since you were first admitted, licensed, or authorized to practice law, whichever period of time is longer. If you have never been admitted, licensed, or authorized to practice law, provide information for the last ten years, or since age 18, whichever period of time is shorter.

NOTES:

Employment - In this context, employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, contract work, volunteer work, and temporary employment.

Unemployment - Provide a brief, but specific, description of your activities while unemployed (seeking employment, preparing for law school, attending law school; vacation, studying for bar exam, e.g.).

Employment References – A valid email address is required. If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. Do not list yourself or your own contact information or a relative as a verifying reference; doing so will delay processing of your application.

Details - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.

Have you ever been admitted, licensed, or authorized to practice law? *** Required**

Yes No

If Yes:

- **Date first admitted to practice**

Month _____ Day _____ Year _____

Add Unemployment Records

Are you currently or have you been unemployed? *** Required**

Yes No

If Yes (the following information is required for every period of unemployment during the relevant time period):

- **Unemployed From** *** Required**

Month _____ Day _____ Year _____

- **Provide a brief, but specific, description of your activities while unemployed.** *** Required**

Add Employment Records

Are you currently or have you been employed? *** Required**

Yes No

If Yes (the following information is required for every employer during the relevant time period):

- **Name and address of Employer or Firm** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

If the employer's/firm's name or address has changed, check this box and provide the current information below

If checked:

- **Current Name and address of Employer or Firm** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Employed From** * Required

Month _____ Day _____ Year _____

- **Employed To** * Required

Month _____ Day _____ Year _____

- **Employment Position** * Required

- **Employer/Firm Telephone Number** * Required

- **Name and email of Supervisor/Associate.** * Required

Full Name _____

Email Address _____

Do Not Contact my direct supervisor

- **Name and email of alternate contact.** * Required if box is checked

Full Name _____

Email Address _____

If you are self-employed or employed by a relative, or if the firm is out of business, check this box and provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

- **Name and email of alternate reference** * Required if box is checked

Full Name _____

Email Address _____

21. Employment Discipline

Have you ever been investigated, warned, terminated, suspended, disciplined, laid off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job? *** Required**

Yes No

If Yes (the following information is required for every relevant action):

- **Employer * Required**

- **Date of employment from * Required**

Month _____ Day _____ Year _____

- **Date of employment to * Required**

Month _____ Day _____ Year _____

- **Disposition * Required**

Terminated Suspended Disciplines
 Laid Off for Misconduct or Dishonesty Permitted to resign in lieu of termination
 Other _____

- **Date of disposition * Required**

- **Explanation of circumstances * Required**

22. Judicial Office

Have you ever held judicial office? *** Required**

Yes No

If Yes (the following information is required for every judicial office held):

- **Office Held * Required**

- **From * Required**

Month _____ Day _____ Year _____

- **To * Required**

Month _____ Day _____ Year _____

- **Name and Address of the court * Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- Reason for leaving/termination * Required if applicable

23. Military Service

Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard? * Required

If yes and you have separated from service, include a copy of your military separation papers (DD 214 or equivalent). Forms must indicate character of service.

Yes No

If Yes (the following information must be provided for each period of service):

- Service Type * Required

Regular Armed Forces Reserve Components National Guard

- Branch * Required

Air Force Army Coast Guard

Marine Corps Navy

- State * Required

- Rank * Required

- Date of Service From * Required

Month _____ Day _____ Year _____

- Date of Service To * Required

Month _____ Day _____ Year _____

• **Duty Station * Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

• **Phone Number * Required**

• **Name of commanding officer * Required**

• **Were you ever court-martialed? * Required**

Yes No

If Yes (the following information is required for each time you were court-martialed):

○ **Date of Action Taken * Required**

Month _____ Day _____ Year _____

○ **Explanation of circumstances * Required**

○ **Result including any punishment * Required**

• **Were you ever allowed to resign in lieu of court-martial? * Required**

Yes No

If Yes (the following information is required for each time you were allowed to resign) :

○ **Date of Action Taken * Required**

Month _____ Day _____ Year _____

- Explanation of circumstances * Required
-

- Result including any punishment * Required
-

- Were you ever awarded non-judicial punishment (Art. 15 UCMJ)? * Required

Yes No

If Yes (the following information is required for each time you were awarded non-judicial punishment):

- Date of Action Taken * Required

Month _____ Day _____ Year _____

- Explanation of circumstances * Required
-

- Result including any punishment * Required
-

- Were you administratively discharged? * Required

Yes No

If Yes (the following is required for each time you were administratively discharged):

- Date of Action Taken * Required

Month _____ Day _____ Year _____

- Explanation of circumstances * Required
-

- Result including any punishment * Required
-

- Did you receive an honorable discharge? * Required

Yes No

If Yes (for each honorable discharge):

- Date of Action Taken * Required

Month _____ Day _____ Year _____

- Explanation of circumstances * Required
-

- Result including any punishment * Required
-

24. Licenses

Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as a lawyer or other licensed legal professional?

*** Required**

Yes No

If Yes (the following information is required for every license applied for and/or held):

- **License Type** *** Required**

- **Issued to (include business name, if applicable)**

- **Current Status** *** Required**

- **Application Date** *** Required**

Month _____ Day _____ Year _____

- **License number (if applicable)**

- **Expiration/Inactive Date**

Month _____ Day _____ Year _____

- **Name and address of issuing authority** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

25. License Denial/Revocation

Have you ever been denied, or had revoked, a license for a business, trade, or profession? *** Required**

NOTE - Do not include denials or revocations for a license as a lawyer or other licensed legal professional here.

Yes No

If Yes (the following information is required for every time a license was denied or revoked):

- **Action Taken** *** Required**

Denial Revocation Suspension

Other _____

- **Date** *** Required**

Month _____ Day _____ Year _____

- **License (Type, application date, license number)** *** Required**

- **Name and address of Regulatory Agency** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Explanation** *** Required**

PROFESSIONAL DISCIPLINE AND BONDS

26. Professional Discipline

Have you ever been suspended, censured, or otherwise disciplined or disqualified as a member of another profession, or as a holder of public office? *** Required**

Yes No

If Yes (the following information is required for every action):

- **Name and address of Regulatory or Public Agency** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Case Number (if applicable)**

- **Date** *** Required**

Month _____ Day _____ Year _____

- **Action Taken** *** Required**

- **Explanation** *** Required**

27. Professional Complaint

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a member of any other profession, or as a holder of public office, including any dismissed or now pending? *** Required**

Yes No

If Yes (the following information is required for every charge, complaint, or grievance):

- **Name and address of Regulatory or Public Agency** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Case Number (if applicable)**

- **Date** *** Required**

Month _____ Day _____ Year _____

- **Action Taken** *** Required**

- **Explanation** *** Required**

28. Bond

Has any surety on any bond on which you were the principal been required to pay any money on your behalf? *** Required**

Yes No

If Yes (the following information is required for each such bond):

- **Name and address of surety** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- Amount of money paid by surety * Required

- Date money paid by surety * Required

Month _____ Day _____ Year _____

- Reason for bond * Required

- Detailed explanation * Required

LEGAL PROCEEDINGS

29. Civil Action

Have you ever been a named party (of any kind) to any civil action? * Required

NOTE: Family law matters (including divorce, child support, parenting plans, etc.) and protection orders should be included here.

If **yes**, include a copy of the associated pleadings, judgments, final orders and docket report.

Yes No

If **Yes** (the following information is required for each action):

- Complete title of action * Required

- Court file number * Required

- **Date filed** * Required

Month _____ Day _____ Year _____

- **Trial date** * Required

Month _____ Day _____ Year _____

- **Date of final disposition** * Required

Month _____ Day _____ Year _____

- **Disposition**

- **Are you the subject of any continuing court order (e.g., for child support or payment of a money judgement)?**

* Required

Yes No

If Yes (the following information must be provided for every continuing order):

- **Name and address of plaintiff** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Name of plaintiff's attorney** * Required

- **Name and address of defendant** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Name of defendant's attorney** * Required

- **If the disposition resulted in a judgment, has the judgment been satisfied?** * Required

Yes No

If Yes:

- **Date judgement satisfied** * Required

Month _____ Day _____ Year _____

If No:

- **Amount still owed** * Required

- **Detailed explanation of civil action** * Required

- **Did this matter go to court?** * Required

Yes No

If Yes:

- **Name and address of court** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

30. Administrative Action

Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum? *

Required

If **yes**, include a copy of the relevant portions of the associated administrative record.

Yes No

If **Yes** (the following information is required for every administrative action):

- **Date action/complaint initiated** * **Required**

Month _____ Day _____ Year _____

- **Name and address of Administrative Forum or Body** * **Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Date of final disposition, if any** * **Required**

Month _____ Day _____ Year _____

- **Disposition, if any**

- **Explanation** * **Required**

31. Criminal Action

Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any case that was resolved in juvenile court? * Required

NOTE - Include matters that have been sealed or dismissed, expunged, pardoned, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit traffic violations.

If **yes**, include a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and relevant appellate documentation, if any.

Yes No

If Yes (the following information is required for each action):

- **Date (or time period) of incident** * Required

Month _____ Day _____ Year _____

- **Incident location** * Required

Country * _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Detailed description of allegation or violation** * Required

- **Name and address of the law enforcement agency involved** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Name of defendant's attorney**

- **Title of complaint, indictment, or citation**

- **Did this matter go to court? * Required**

Yes No

If Yes:

- **Name and address of the court involved * Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Date of initial court hearing * Required**

Month _____ Day _____ Year _____

- **Charge(s) at time of initial court hearing * Required**

- **Date of final disposition**

Month _____ Day _____ Year _____

- **Charge(s) at time of final disposition**

- **Final disposition**

- **Additional Comments or Explanation**

32. Alcohol or Drug Related Traffic Violation

Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug related traffic violation including any violation that was resolved in juvenile court? *** Required**

NOTE: Include matters that are currently pending, and matters that have been sealed, dismissed, expunged, pardoned, reduced to a lesser charge, subject to a diversion or deferred prosecution program, or otherwise set aside.

If **yes**, upload a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and relevant appellate documentation, if any.

Yes No

If **Yes** (the following information is required for each violation):

- **Date of incident** *** Required**

Month _____ Day _____ Year _____

- **Incident location** *** Required**

Country * _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Detailed description of allegation or violation** *** Required**

- **Name and address of the law enforcement agency involved** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Title of complaint, indictment, or citation**

- **Name of defendant's attorney**

- **Did this matter go to court? * Required**

Yes No

If Yes:

- **Court file number * Required**

- **Name and address of the court involved * Required**

Name *

Country *

Address Line 1 *

Address Line 2

Address Line 3

City *

State/Province

Postal Code *

County

- **Date of court hearing * Required**

Month _____ Day _____ Year _____

- **Charge(s) at time of initial court hearing * Required**

- **Date of final disposition**

Month _____ Day _____ Year _____

- **Charge(s) at time of final disposition**

- **Final disposition**

- **Additional Comments or Explanation** * Required
-

33. Traffic Violation

Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? * Required

NOTE: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit parking violations.

- Yes No

If Yes (the following information is required for every moving violation):

- **Date of violation** * Required

Month _____ Day _____ Year _____

- **Original charged violation** * Required

- **Charge(s) at time of final disposition**

- **Final disposition**

- **Description of violation** * Required

- **Name of law enforcement agency** * Required

- **Incident location** * Required

Country *

City *

State/Province

Postal Code *

County

34. Driver's License

Have you held a driver's license during the last ten years? *** Required**

Yes No

If Yes (the following information is required for each driver's license):

- Driver's License state, province, or country *** Required**

- Driver's License number (if unavailable, enter "unknown") *** Required**

- Check here if this is your current driver's license *** Required**

Yes No

FINANCIAL RESPONSIBILITY

35. Revocation

Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?

*** Required**

Yes No

If Yes (the following information is required for every revocation):

- Type of Debt *** Required**

Charge Account Credit Card

- Last four digits of account number *** Required**

- Original amount of debt *** Required**

- Current balance *** Required**

- Date of last payment

Month _____ Day _____ Year _____

- Current status of this debt *** Required**

- **Describe the history of this debt** * Required

- **Entity extending credit** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

- **Retailer** * Required if different from Entity Extending Credit

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

- **Current Creditor or Collection Agency** * Required if different from Entity Extending Credit

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

- Last four digits of current account number * Required

36. Defaulted Student Loan

Have you ever defaulted on a student loan? * Required

- Yes No

If Yes (the following information is required for each defaulted loan):

- Full account number * Required

- Original amount of debt * Required

- Current Balance * Required

- Date of last payment

Month _____ Day _____ Year _____

- Current status of this debt * Required

- Describe the history of this debt * Required

- Entity extending credit * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

• **Current creditor or collection agency** * Required if different from Entity Extending Credit

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

37. Other Defaulted Debt

Have you ever defaulted on any debt other than a student loan that was not resolved in bankruptcy?

* Required

Note: This includes but is not limited to debts assigned to collection, subject to garnishment or subject to other court-entered judgments or orders for payment.

Yes No

If Yes (the following information is required for every revoked card or account):

• **Type of Debt** * Required

Charge Account Credit Card Real Estate

Other _____

• **Last four digits of account number** * Required

• **Original amount of debt** * Required

- **Current Balance** * Required

- **Date of last payment**

Month _____ Day _____ Year _____

- **Current status of this debt** * Required

- **Describe the history of this debt** * Required

- **Entity extending credit** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

- **Retailer** * Required if different from Entity Extending Credit

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

38. Past Due Debt

Have you had a debt of \$500 or more that has been more than 90 days past due within the past three years that was not resolved in bankruptcy? *** Required**

Yes No

If Yes (the following information is required for each applicable past due debt):

- **Type of Debt * Required**

Charge Account Credit Card Real Estate

Other _____

- **Last four digits of account number * Required**

- **Original amount of debt * Required**

- **Current Balance * Required**

- **Date of last payment * Required**

Month _____ Day _____ Year _____

- **Current status of this debt * Required**

- **Describe the history of this debt * Required**

- **Entity extending credit * Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

• **Retailer** * **Required if different from Entity Extending Credit**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

• **Current creditor or collection agency** * **Required if different from Entity Extending Credit**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

39. Tax Debt

Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; employment taxes; or real estate assessment taxes? *** Required**

Yes No

If Yes (the following information is required for every such failure):

- **Current balance** *** Required**

- **Date of last payment** *** Required**

Month _____ Day _____ Year _____

- **Describe the history of this debt** *** Required**

- **Agency** *** Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

40. Bankruptcy

Have you ever filed a petition for bankruptcy? *** Required**

If yes, include a copy of the petition, schedule of creditors, and order of discharge.

Yes No

If Yes (the following information is required for every petition filed):

- **Date filed** * Required

Month _____ Day _____ Year _____

- **Title of action** * Required

- **Type of Bankruptcy** * Required

Chapter 7 Chapter 11 Chapter 13

Other _____

- **Court File Number/Case Number** * Required

- **Name and address of court involved** * Required

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

- **Total amount discharged in U.S. dollars** * Required

- **Date of disposition**

Month _____ Day _____ Year _____

- **Disposition**

- **Were any adversary proceedings instituted?** * Required

Yes No

- **Were there any allegations of fraud?** * Required

Yes No

- **Were any debts not discharged? * Required**
 Yes No
 - **Detailed description of circumstances surrounding filing * Required**
-

OTHER CONDUCT AND BEHAVIOR

41. Other Conduct and Behavior

Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:

Your truthfulness * Required

- Yes No

Your excessive absences * Required

- Yes No

The manner in which you handled or preserved the money or property of others * Required

- Yes No

A serious or repeated failure to submit your work in a timely manner * Required

- Yes No

Your competence or diligence in the performance of job or academic duties * Required

- Yes No

Your ability to maintain the confidentiality of information * Required

- Yes No

Your endangering the safety of others * Required

- Yes No

If you answered yes to any of the above, complete the following section. Provide information for each separate occurrence; if one occurrence covered more than one type of behavior, you may include the information about each type of behavior covered during that one occurrence in one record below. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.

For Each Yes, the following information is required:

- **Entity before which the issues were raised (i.e., employer, school, etc.) * Required**

Name * _____

Country * _____

Address Line 1 * _____

Address Line 2 _____

Address Line 3 _____

City * _____

State/Province _____

Postal Code * _____

County _____

Phone Number * _____

- **Nature of the issue** * Required

- **Relevant Dates** * Required

- **Disposition, if any**

- **Detailed explanation** * Required
