



This form must be completed by all applicants. This affidavit complies with section 4757.22 of the Ohio Revised Code: "To be eligible for a professional clinical counselor license, an individual must be of good moral character." Chapter 3301-24 of the Administrative Code states that: A person shall be deemed of good moral character in order to be considered for School Counselor certification by the Ohio State Board of Education.

AFFIDAVIT OF GOOD MORAL CHARACTER

(please print in ink)

NAME		DATE
SOCIAL SECURITY NO.		E-MAIL ADDRESS
MAILING ADDRESS		
HOME PHONE NO.	WORK PHONE NO.	
LICENSURE AREA(S)		

I am interested in pursuing : School Counselor training leading to Certification
 Mental Health Counselor training leading to Licensure
 Masters in Education/Teaching Licensure

1. Have you ever been convicted of, found guilty of, or plead guilty to any misdemeanor other than traffic offenses? Yes No
2. Have you ever been convicted of, found guilty of, or plead guilty to any felony? Yes No
3. Have you ever had a criminal conviction sealed or expunged? Yes No
4. Have you ever had a teaching certificate, or counselor, or social worker license limited, suspended or revoked? Yes No
5. Have you ever surrendered a teaching, counseling, social worker certificate, license or permit? Yes No

If you answered YES to any of the above questions, please attach a separate page with full and complete explanation of the circumstances of the incident requiring a YES answer.

I agree that, if while enrolled at Walsh University, any event should occur which would cause me to answer YES to any of the above questions, I will immediately notify the Program Chair for Counseling and Human Development/Program Chair for the Department of Education at Walsh University or I will withdraw from the program. I hereby swear, or affirm, that the above information is true and correct.

STATE OF OHIO }

} SS.

COUNTY OF STARK }

The undersigned having been duly sworn says that all statements contained in the foregoing affidavit are true.

(APPLICANT'S SIGNATURE)

(DATE)

Signed and sworn to before me this _____ day of _____ . (SEAL)

NOTARY PUBLIC

My commision expires on: _____