CityUniversity in Canada

MC Master of Counselling

Background Information Questionnaire

Please complete the following questions and sign the affidavit. Any falsification, deliberate misrepresentation and/or omission of a material fact can be grounds for denial of admission or removal from the program. All required documentation requested below must accompany this form. All questions must be answered. If additional space is needed, attach on a separate sheet of paper. PLEASE PRINT CLEARLY OR TYPE.

Applicants who have a history of convictions of criminal misdemeanors and/or felonies may be denied acceptance to the MC program.

Section I: Personal Information

Student Name:	Social Insurance Number:
Mailing Address:	
Phone (Day):	Phone (Evening):
Date of Birth:	Place of Birth:
All former names and dates of usage (Use separate sheet of paper if necessary):	

Section II: Professional Information

YES	NO	
☐	☐	1. Do you now have or have you ever had professional certification or license as a mental health worker in any province or country?
☐	☐	2. Are you currently or have you ever been the subject of any investigation or injury by any professional certification or licensing agency?
☐	☐	3. Have you ever had any adverse action taken on you by any professional certification or license? (e.g. letters of warning, reprimands, suspensions, revocation, voluntary surrenders, or voidance)
☐	☐	4. Have you ever been denied or otherwise rejected for cause regarding professional certification or licensing?
☐	☐	5. Have you ever withdrawn any application for any professional certification or license?

YES	NO	
☐	☐	6. Have you ever had any professional certification or license?
☐	☐	7. Have you ever been dismissed, discharged or fired from any employment?
☐	☐	8. Have you ever resigned from or otherwise left any employment while allegations of misconduct were pending?
☐	☐	9. Have you ever been disciplined by a past or current employer because of allegations of misconduct?
☐	☐	10. Are you currently or have you ever been the subject of any investigation or injury by an employer?

Section III: Criminal Information

YES	NO	
☐	☐	1. Have you ever been arrested for any crime or violation of law? (Note: Even if your case was dismissed or your record sealed, you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than $150 was imposed.
☐	☐	2. Have you ever been finger printed as a result of an arrest for violation of law?
☐	☐	3. Have you ever been convicted of any crime of violation of the law, including guilty pleas or no contest and/or proceedings in which a sentence has been suspended or deferred? You need not list traffic violations for which a fine or forfeiture of less than $150 was imposed.
☐	☐	4. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any province or country?
☐	☐	5. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If the answer is “yes”, identify the agency and location (contact person, street address, city, state/province, country).

If you answered “yes” to questions 1-5, state the following (below or on a separate sheet of paper):

a) The nature of the offence charge or warrant:

b) The date of the arrest:

c) The current status or final disposition:

Section III: Behavioural Information

YES	NO	
☐	☐	1. Have you ever exhibited any behavior or conduct that might negatively impact your ability to serve in a role which requires a certificate, credentials or license?
☐	☐	2. Have you ever engaged in any conduct that resulted in the damage or destruction of property? (Both real and/or personal property owned by you or another person.)
☐	☐	3. Have you ever threatened to damage or destroy property? (Both real and/or personal property owned by you or another person.)
☐	☐	4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)?
☐	☐	5. Have you ever threatened to do physical harm to any person(s)?
☐	☐	6. Do you have a medical condition which in any way impairs or limits your ability to serve as a counsellor with reasonable skill and safety?
☐	☐	7. Does your use of chemical substance(s) in any way impair or limit your ability to serve as a counsellor with reasonable skill and safety?
☐	☐	8. Are the impairments or limitations caused by your medical condition(s) and/or substance abuse disclosed in question 6 and/or 7, reduced or ameliorated because you received ongoing treatment (with or without medications) or participate in a monitoring program?
☐	☐	9. Do you currently use illegal drugs?
☐	☐	10. Have you used illegal drugs in the last year?
☐	☐	11. If you have used illegal drugs in the last year, have you successfully completed or are you participating in a supervised rehabilitation program?
☐	☐	12. Have you ever been found in any dependency of domestic relation matter to have sexually assaulted or exploited any minor(s)?
☐	☐	13. Have you ever been found in any dependency of domestic relation matter to have physically abused any person(s)?

If you answered “yes” to questions 1-13, please give a complete explanation (below or on a separate sheet of paper):

Section IV: Education and Training in Counselling

YES	NO	
☐	☐	1. Have you ever enrolled in a graduate course which was related to counseling?

If you answer "yes", provide the name and location of the institution, dates of attendance, name of courses and whether or not you completed the course (below or on a separate sheet of paper):

Section V: Affidavit

I certify (or declare) that the information provided in this questionnaire is true and correct. I certify that I have answered this application truthfully and completely. In the completion of this application, any falsification or deliberate misrepresentation, or omission of material facts can be grounds of denial of admission or removal from the program. I authorize City University of Seattle to conduct a thorough investigation of any and all information I have in this document.

Print Name: _____

Signature: _____

Date: _____

City/Province: _____