



## ETHICAL CONDUCT FOLLOW-UP QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Have you been convicted of a:

Felony? Yes  No

Misdemeanor within the last 5 years? Yes  No

Have you ever had a certification, license or other designation denied, suspended, or revoked due to using the designation without authority or as a result of disciplinary action?

Yes  No

Date of Incident \_\_\_\_\_ Date Incident Was Resolved \_\_\_\_\_

Case Number (if any) \_\_\_\_\_

Jurisdiction of Incident/Offense (if any) City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_

Please describe the incident/offense and any circumstances that are relevant:

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What was the outcome?

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If you were convicted, have you completed the terms of your sentence?

Yes  No  N/A

**Attestation Statement**

- I certify that the information provided on this form is true and I authorize the USOLN to verify any of the information. I understand that providing false information is grounds for rejection of my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete this form, then sign and fax to 815.425.6305 or email to [Catherine@usoln.org](mailto:Catherine@usoln.org)