



**Office of Graduate Admissions**  
 2020 East Maple St., North Canton, Ohio 44720-3336  
 Phone: 330.490.7418 | 800.362.9846  
 Fax: 330.244.4680

# AFFIDAVIT OF GOOD MORAL CHARACTER

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.

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      \_\_\_\_\_ Doctor of Physical Therapy  
 \_\_\_\_\_ Mental Health Counselor training leading to Licensure      \_\_\_\_\_ Masters in Theology  
 \_\_\_\_\_ Masters in Education/Teaching Licensure      \_\_\_\_\_ Student Affairs in Higher Education

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.

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 commission expires on: \_\_\_\_\_