

## APPLICATION CHECKLIST FOR ADMISSION

### TO THE MSW Program

Please complete and return the attached application checklist with the attachments requested below. **If there is any other information about your health or personal status that you desire the program to be aware of in considering your application, please provide it on a separate attached sheet.**

I \_\_\_\_\_ am applying for admission to the Master of Social Work Program

- Three letters of recommendation have been sent to the graduate school.
- Official Transcripts have been requested and sent.
- The application fee is enclosed
- My Purpose Statement is enclosed
- My Expository paper is enclosed
- A current resume is enclosed
- A Cover Letter is attached
- I will need accommodations to complete this degree and I will register for services with the Office of Disability Services.

I have a Bachelor of Social Work (BSW) degree from a CSWE accredited program and am requesting Advanced Standing.

Yes       No

### **PLEASE READ THIS NEXT SECTION VERY CAREFULLY**

The USD School of Health Sciences Policy is that every student admitted to an educational preparation program in the School of Health Sciences must submit to a Criminal Background Check. Admission to the MSW program is conditional until the criminal background check is completed. Please indicate your willingness to submit to and pay for a criminal background check if you are conditionally accepted into the MSW program for by indicating yes or no in the space provided below.

Yes       No

The Criminal Background check will be initiated by you only after you have received notice of your conditional admission to the social work major. The policy, procedures and instructions on how to complete a criminal background check will be provided at that time. A pattern of misdemeanor violations, particularly involving drug or alcohol use, and or felony conviction(s) may result in denial of admission to the MSW Program. Felony conviction(s) may also result in denial of social work licensure.

As you apply for admission into the MSW program, and preliminary to the **required Criminal Background Check**, we ask that you to answer the following questions so that together we may determine if there are any areas that may become potential problems in terms of being able to get malpractice insurance which is required of all students going out to complete field instruction or to obtain a professional social work license upon graduation from the MSW program. Some of these questions are taken directly from the malpractice insurance application form. Similar questions will also be asked of you when you apply for state social work licensing. Please contact the Director of the MSW program, Dr. Elizabeth Talbot, 605-357-1594, about any particular items that you have questions about.

**BEFORE RESPONDING, PLEASE READ EACH QUESTION CAREFULLY**

Have you ever, (including those as a minor or juvenile) been charged with or convicted of a crime(s), either **misdemeanor or felony**, of any kind and in particular any involving drug or alcohol use such as minor in possession or driving under the influence (DUI) , and also including minor traffic violations such as speeding or other traffic violations, in any state or country for which the outcome was not acquittal or dismissal?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details: (You may use another sheet of paper to provide this information if necessary)

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Do you have any **misdemeanor or felony** charges, (same as outlined above), currently pending against you in any state or country?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details. (You may use another sheet of paper if necessary)

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Have you ever been required by any licensing board or professional ethics body to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in state or country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details:

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Are there any complaints, charges or investigations pending against you by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details:

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Have you ever had any insurance company decline, cancel, or refuse to renew or accept only on special terms any professional liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details:

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Has any professional liability claim or suit ever been made against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details:

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Are there any circumstances of which you are aware of that may result in any professional liability claim or suit being made against you. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details:

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Have you ever been accused or formally charged with engaging in any form of sexual misconduct with any current or former client, a client's spouse, or any person with a direct relationship to a current or former client. (Sexual misconduct means any actual or alleged unwanted erotic physical contact or proposal)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details:

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I certify that all of the information contained in these application materials is complete and correct. **I understand that any false, misrepresented or missing information may be cause for denial of my application for admission to the MSW Program. Further, in the event that my acceptance into the program has been granted prior to the discovery of false, misrepresented, or missing information, such discovery may be cause for dismissal from the MSW program.** I also understand that admission or graduation from a health professions program does not guarantee obtaining a license to practice. Licensure requirements and the subsequent procedures are the exclusive right and responsibility of the state Boards regulating professional practice.

**The School of Health Sciences health professions programs reserve the right to deny admission to any applicant based on the best interest of the profession.**

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Signature

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Date