



UNIVERSITY OF
SOUTH DAKOTA
 SANFORD SCHOOL OF MEDICINE

I understand that any false statements or deliberate omissions on this document or any other document I file with SSOM may be grounds for disqualification from admission or, if discovered after I have been admitted could result in discipline up to and including my termination of enrollment.

Applicant Last Name _____ First _____ Middle _____

Position or program applied for _____

Social Security # _____ **Date of Birth** (for ID purposes only) _____

Present Address _____

City/State/Zip _____

Applicant Signature _____ **Date** _____

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for which the criminal record has been expunged or sealed by the court. For purposes of the following questions, a "conviction" means guilty verdict, guilty plea or Nolo Contendere ("No Contest") plea.

Have you ever been convicted of a felony? No _____ **Yes** _____

If yes, please give details including date, state/county court in which conviction was entered, type of felony, etc.

Have you ever been convicted of a misdemeanor? No _____ **Yes** _____

If yes, please give details including date, state/county court in which conviction was entered, type of felony, etc.

[] I have read the Background Investigation Consent and Release form and understand my rights.

Signature

Date