

EXPLANATION OF INCIDENT

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490

Telephone: (602) 542-4367

If you have answered "Yes" to any of the following questions:

- Have you ever been convicted of a felony offense?
- Have you ever been arrested, cited and released, or received a criminal summons for any offense, regardless if eventually convicted of a crime or if a conviction was set aside or expunged?
- Have you ever been arrested, cited and released, or received a criminal summons for any offense involving a child, regardless if eventually convicted of a crime or if a conviction was set aside or expunged?

Please provide the following information. **Note:** If there was more than one action against your professional certificate(s) or license (s), please attach a separate explanation form for each action.

Social Security Number: _____

Full Legal Name: _____
Last First Middle

Date of Arrest: _____ Arresting City: _____ Arresting State: _____

Name of offense (Reason of the arrest): _____

Description of the circumstances of the arrest: (If more space is needed, continue on back.)

Disposition of the case:

Mitigating factors pertaining to the arrest:

Sentencing information if convicted:

Signature: _____ Date: _____

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If you have answered "Yes" to any of the following questions:

- Have you ever received any disciplinary action, including revocation, suspension or reprimand, involving any professional certification or license?
- Are you now or have you ever been under investigation for any type of misconduct related to a professional license or certificate in this state or any other jurisdiction regardless of the outcome?

Please provide the following information. **Note:** If there was more than one action against your professional certificate(s) or license (s), please attach a separate explanation form for each action.

Social Security Number: _____

Full Legal Name: _____
Last First Middle

Type of License/Certification: _____

Type of Discipline/Reprimand: _____ Length of Disciplinary period: _____

Agency which issued discipline or investigative allegations: _____

Date of issuance or investigation: _____ State: _____

Description of circumstances:

Disposition/Current status of the disciplinary action:

Signature: _____ Date: _____

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If you have answered "Yes" to any of the following question(s):

- Are you currently under investigation or have you ever been the subject of any investigation by the Department of Child Safety or a similar department in this state or another jurisdiction?

Please provide the following information. **Note:** If there was more than one action against your professional certificate(s) or license (s), please attach a separate explanation form for each action.

Social Security Number: _____

Full Legal Name: _____
Last First Middle

Agency which investigated allegations: _____

Date of Investigation: _____ State: _____

Specific allegations leading to investigation:

Description of circumstances:

Were allegations _____ substantiated or _____ unsubstantiated?

Current status of investigation:

Signature: _____ Date: _____