

# STI Felony Form

Please return this form to Southeast Technical Institute, 2320 N. Career Avenue, Sioux Falls, SD 57107  
Phone: 605-367-6040, 1-800-247-0789, Fax: 605-367-8305

\_\_\_\_\_

**ID#**

\_\_\_\_\_

**Name (Please Print)**

\_\_\_\_\_

**STI Program**

1. Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (including DUI, but excluding minor traffic violations)?
- \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is there any pending criminal prosecution against you in which you are charged with commission of a felony?
- \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read the following statement:**

If you have been convicted, pled guilty or no contest to, or received a suspended imposition of sentence for a felony or other criminal offense (including DUI, but excluding minor traffic violations), **you are advised that it may not be possible** for you to participate in the internship or clinical portion of this program. You are further advised that the failure to fully and accurately complete this questionnaire could result in your termination in this program. You may also be prevented from taking required certification examinations, and you may be prevented from gaining employment in this field. *You are also advised that STI will share the above information with all clinical and internship sites.*

In addition, you are required to complete and pass a drug screen, background check, and take the HOBET skills test prior to beginning your program-specific coursework. You also understand that you are responsible for the payment for all three of the items required above.

I, the undersigned, say that I am the person referred to in the foregoing information and that all information supplied therein is true to the best of my knowledge, and that I have read and understand the above statement.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_