



## Personal and Professional Fitness Explanation Form

The Personal and Professional Fitness section of each application contains seven questions. If you answered yes to any of these questions, you must submit an Explanation Form **for each incident**, even if the incident was previously disclosed. If you are reporting convictions, each conviction must be disclosed on a separate explanation form.

### **Scope of Questions:**

Questions a and e relate to actions by an employer.

Questions b and d relate to actions by a court or law enforcement agency.

Question c relates to actions by a court, law enforcement agency, or licensing agency regarding alleged misconduct that involved children or took place on school property.

Questions f and g relate to actions by a licensing agency.

### **Special note regarding criminal convictions or pending criminal charges:**

You are required to disclose all misdemeanor or felony criminal convictions including those based on a plea of no contest. You must disclose a conviction no matter how much time has passed, even if the case has been dismissed pursuant to Penal Code section 1203.4. In accordance with Health & Safety Code sections 11361.5 and 11361.7, you may omit misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.

### **Using this form:**

This form contains five sections. Determine which sections apply to each incident and complete the required information.

| <b><i>If you answered yes to...</i></b> | <b><i>Complete the following section of this form...</i></b><br><i>(click the section number to be transported to that section)</i> |
|---|---|
| Question <b>a</b>                       | Section 1   |
| Question <b>b</b>                       | Section 2   |
| Question <b>c</b>                       | Section 3   |
| Question <b>d</b>                       | Section 4   |
| Question <b>e</b>                       | Section 1   |
| Question <b>f</b>                       | Section 5   |
| Question <b>g</b>                       | Section 5   |

**Section 1:** Required information for yes answer to Personal and Professional Fitness Question a or e.

|  |                        |
|--|------------------------|
| For question a, indicate the action taken: |                        |
| Dismissed                                  | Effective date: _____  |
| Retired                                    | Effective date: _____  |
| Resigned                                   | Effective date: _____  |
| Non-reelected                              | Effective date: _____  |
| Suspended without pay                      | Effective dates: _____ |

|   |
|---|
| For question e, describe the disciplinary action that is pending: |
|   |
|   |
|   |

|   |                            |
|---|----------------------------|
| Name of employer at time of action or pending action: |                            |
| Address:  |                            |
| Telephone number:                                     | Contact person (if known): |

|  |
|--|
| Describe in detail the incident(s) that resulted in the above action or pending disciplinary action (attach additional sheets if necessary): |
|  |
|  |
|  |
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|  |
|  |

Provide available copies of the following documents regarding the above-action: district investigation reports, police reports, Statement of Charges, Accusations, request for hearing, final decision, letter of resignation or retirement, and settlement agreements.



**Section 3:** Required information for yes answer to Personal and Professional Fitness Question c.

|   |
|---|
| Provide an explanation of inquiry or investigation: |
|   |
|   |
|   |

|  |
|--|
| What is the current status of the inquiry or investigation |
| Ongoing (when was the investigation started): _____        |
| Completed (when): _____                                    |

|  |
|--|
| Location:  |
| Name of agency, department, or law enforcement agency conducting the inquiry or investigation: |
| Jurisdiction (name of court):  |

|                         |    |     |
|-------------------------|----|-----|
| Were children involved: | No | Yes |
| If yes, indicate how:   |    |     |
|                         |    |     |
|                         |    |     |

|  |    |     |
|--|----|-----|
| Did the incident(s) occur on school grounds: | No | Yes |
| If yes, what school and school district:     |    |     |

|   |
|---|
| Describe the incident(s) resulting in the inquiry or investigation in detail (attach additional sheets if necessary): |
|   |
|   |
|   |
|   |
|   |
|   |
|   |



**Section 5:** Required information for yes answer to Personal and Professional Fitness Question f or g.

|  |
|--|
| List the applicable license(s) or credential(s): |
| License number(s):                               |

|                                  |        |       |                 |
|----------------------------------|--------|-------|-----------------|
| Action(s) taken:                 |        |       |                 |
| Private Admonition               | Date:  | _____ |                 |
| Public Reproval                  | Date   | _____ |                 |
| Suspension                       | Dates: | _____ | How Long? _____ |
| Fine                             | Date:  | _____ | Amount? _____   |
| Revocation                       | Date:  | _____ |                 |
| Denial of application            | Date:  | _____ |                 |
| - Were you subsequently granted? | NO     | YES   | When? _____     |
| Probation (provide the term)     |        |       |                 |
| _____                            |        |       |                 |
| _____                            |        |       |                 |
| _____                            |        |       |                 |
| Other Explain:                   |        |       |                 |
| _____                            |        |       |                 |
| _____                            |        |       |                 |
| _____                            |        |       |                 |

|                   |                            |
|-------------------|----------------------------|
| Agency's name:    |                            |
| Address:          |                            |
| Telephone number: | Contact person (if known): |

|                         |
|-------------------------|
| Location of misconduct: |
|-------------------------|

|                         |    |     |
|-------------------------|----|-----|
| Were children involved: | No | Yes |
| If yes, indicate how:   |    |     |
| _____                   |    |     |
| _____                   |    |     |
| _____                   |    |     |

