

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 a **Background Question** on your application because of an arrest or felony conviction (question 3, 4, or 5 a-bb), please provide the following information. Note: If there was more than one incident, provide a separate explanation form for **each** incident.

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 either of the following questions:

1. Have you ever had any professional certificate or license, revoked or suspended?
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license?

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: _____ Date of issuance: _____ State: _____

Description of Circumstances:

Disposition/Current Status of the Disciplinary Action:

Signature: _____ Date: _____