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

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conviction for certain criminal offenses may bar an applicant from participating in certain externship training experiences, obtaining employment and eligibility to acquire professional certification/licensure required to function in particular fields. Any adverse occurrence to include but not limited to any felony or misdemeanor identified on applicant’s background check may prevent the applicant’s completion of the program, acceptance to externship training facilities, employment, and certification/licensure or registration eligibility.

Any candidate who has an adverse result on his/her background check is encouraged to seek pre-approval from certifying bodies of any applicable program from the certifying bodies of any applicable program to establish eligibility for certification/licensure/registration and employment in that given field.

By signing and acknowledging this disclosure, the understand and accept full responsibility for any and all costs associated with attending the Program at Florida Vocational Institute and does not hold the school facility, associates, faculty, academic, or business staff liable for the undersigned being denied program completion, entrance to any and all externship training facilities necessary for the completion of the program, ability to achieve certification/licensure/registration or gain employment in the field of study.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and accept that admission to the program is “at will” and that the decision to continue to attend the program is of my own decision. All limitations and risks to the completion of the program, employment and credentialing were fully disclosed to me. I will not hold liable any party associated with the school or program in the event If I am unable to complete any or all of the program and, on my own free will, decided to continue with my enrollment in said program of study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

NOTE: This form has been explained and interpreted to the student in Spanish as needed.

NOTA: Esta aplicacion se le tradujo y se explico oralmente el estudiante en Espanol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature School Representative Date