

References:

List three people you have asked for letters of recommendation. They should be familiar with your professional and educational work and be able to evaluate your probable success as a graduate student.

<u>Name</u>	<u>Position</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where did you first learn about the Graduate Program?

Checklist: (be sure to include all items with your application)

- ___ *General SGU Undergraduate & Graduate Admissions Application + Information Release Form (from SGU Registrar)
 - ___ *Copy of Official Transcripts of all previous college work (full admission requires a cumulative GPA of 2.7 and a 3.0 average for the last 30 hours of course work).
 - ___ Resume
 - ___ Written Statement: Answer to these questions...
 1. Why do you seek admission to this program?
 2. Discuss your leadership abilities, service to your community, skills, extraordinary accomplishments, and contributions that you would bring to Indian country.
 3. What are your short term and long term goals as a professional?
 4. What skills and abilities do you bring to the MA-HS-EP Profession?
 5. What are the reasons that you should be admitted to the program?
 - ___ Three Letters of Reference
 - ___ *Copy of Degree of Indian Blood (DIB) (if applicable)
 - ___ Personal Status, Consent to Release, Disclosure Documents
 - ___ Personal Commitment Declaration
- * Items noted with "*" need also to be on file with the SGU Registrar.

Note: The admissions approval process typically takes several weeks. Thus, applicants will need to submit this packet well before the start of the semester.

I certify that the information on this form is complete and accurate.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date _____

Mail or Deliver all materials to: **Human Services Master of Arts – Enhanced Professional Program**
Attn: MA-HS-EP Chairperson
Sinte Gleska University
PO Box 105
Mission, South Dakota 57555

APPLICANT PERSONAL STATUS Name _____
DOCUMENTS ID# _____

Students are expected to be intellectually, spiritually, physically, ethically, legally, and morally fit for employment in the HS profession. This includes being able to pass background and fingerprint checks; note specific legal requirements that may vary by organization. Students who are enrolled must also be able to secure student liability insurance, which is required for field placement class. Some violations may pose an impediment to obtaining this insurance.

Certain law violations, depending on the severity and nature, *may* prevent or delay people from working in Schools, Behavioral Health Programs and or other Human Service agencies. Class site choices thus may be unavailable or limited by certain legal charges. Some legal charges result in lifetime barriers to employment; others exclude working in the field for a range from 1 year to 10 years. The instructor, along with MA-HS-EP Chairperson, and sites have the final say as to whom they approve or deny for a placement. ***For details, students are to consult with licensing boards, school districts and or legal experts, such as DPLS.***

Legal infractions that are of concern are (but not limited to) include: Offenses Against the Person, Offenses Against Property, Offenses Against the Family and Vulnerable Adults, Offenses Against Public Administration, Offenses Against Public Order, Attempt, Solicitation and Conspiracy, Offenses Against Public Health and Decency, Controlled and Imitation Controlled Substances, Other Crimes.

Students substantially affected by a history of law violations may be advised to pursue another area of study. Or, in some cases, the student may be advised to have their records expunged. If you have any questions or concerns, please contact the Chair of the MA-HS-EP Program for consultation.

The Applicant will submit completed **Consent to Release Statement**, below, and the **Personal Conduct Disclosure Statement**, next two pages.

CONSENT TO Name: _____(print)
RELEASE INFORMATION ID# _____

I understand that it *may* be necessary for the assigned instructor to verify and/or share some of the information I reported on the Disclosure Statement with other faculty and Chairperson, plus site supervisors, for the purpose of determining the suitability of me for field experience. I authorize release of any appropriate information contained on the Disclosure Statement necessary for placement.

I further understand that such verification may require that a criminal background check be conducted by the site for the purpose of determining the appropriateness of field placement.

Signature _____ Date _____

SELF DISCLOSURE STATEMENT Name (print) _____

We require the following information to ensure client safety and to meet agency requirements for placement. *This statement is required to be completed firstly at the time of application to the MA-HS-EP Program and secondly, prior to registering for the HS 690 Field Experience class.* Attach additional pages if necessary.

1. Have you ever been arrested or charged with any criminal offense (excluding minor traffic violations)? _____. If yes, when? Please explain:

2. Have you ever been convicted or plead guilty to any criminal offense (excluding minor traffic violations)? _____ If yes, when? Please explain:

3. Have you been charged or court adjudicated for child/elder/vulnerable adult abuse or neglect, and/or violent/assaultive behavior? (Court adjudicated means that a court has found you committed an act, which falls within these categories, whether the case was in criminal, civil or family court.) _____ If yes, please explain:

4. Are you currently on probation or parole? _____ If yes, provide the probation or parole officer's name and phone number.

5. Are you currently in any kind of treatment, or transitional program? _____ If yes, please explain:

6. Do you currently use (in any amount or situation) alcohol or chemical substances? _____ If yes, please explain:

7. Have you experienced a physical, emotional, or mental condition that could limit your ability to meet academic and client-care requirements or that may endanger health or safety of persons entrusted in your care? _____ If this applies to you, please explain:

8. Some sites require staff, interns and volunteers who have experienced substance abuse problems to have at least two years of sobriety before working in the agency. If this applies to you, have you met this requirement? _____ If no, please explain.

9. Some sites require staff, interns and volunteers who have been mental health consumers to either have completed their treatment at least two years prior to application or have the written recommendation of their mental health professional in order to be considered for placement. If this applies to you, please explain.

10. Do you currently have a valid driver's license? _____ If no, explain why not:

11. Have you ever been in arrears or failed to pay child support in this state or elsewhere? _____ If yes, please explain:

The above information is truthful and accurate and I have not knowingly withheld any information. I acknowledge that in addition to other action it may be duly authorized to take, SGU has the option of removing me from this class or program if it is shown that I knowingly provided inaccurate or misleading information.

Signature _____ Date _____

**Master of Arts – Human Services – Enhanced Professional Program
(MA-HS-EP)
Recommendation Form**

Name of Applicant _____

TO THE APPLICANT

Please have someone you know in a professional capacity complete this application. This person may be a supervisor, employer, professor, co-worker etc.

The Buckley Amendment of the Family Privacy Act allows applicants to inspect and review all materials in their files, except for letters of recommendation written prior to January 1, 1975.

Upon its completion and submission, SGU MA-HS-EP faculty will use this document to evaluate your qualification to be admitted to the Program. Before submitting this form to the person who will be writing your recommendations, please check one of the following statements relative to the confidentiality of your files.

- I DO wish to waive my right to see this document.
- I DO NOT wish to waive my right to see this document.

Signature of Applicant

Date

TO THE PERSON MAKING THIS RECOMMENDATION:

The above named applicant for admission to the MA-HS-EP Program has given your name as a reference. Your cooperation in providing the following information regarding the applicant's qualifications will be appreciated.

1. I have known the applicant for: _____ semesters _____ years

During this time, the applicant was a / an

- undergraduate student my advisee
- an employee I supervised other _____

2. Check the box that most accurately rated the applicant on the characteristics listed

CHARACTERISTICS	High	Average	Low	Cannot Judge
General Intelligence				
Knowledge of Field				
Maturity				
Work Ethic				
Integrity				
Written Communication Skills				
Verbal Communication Skills				
Responsibility Level				

PERSONAL COMMITMENT DECLARATION

I have fully reviewed the **MA-HS-EP Degree Program Handbook**.

I have fully completed all the **Application** materials.

I have visited with MA-HS-EP Chairperson/Faculty and have had all my questions addressed.

I declare I am satisfactorily informed about all aspects of the Program.

I commit myself to upholding the values of *Wolakota*.

Furthermore, I commit myself to professional, academic, and personal excellence during my involvement with this program.

Printed Name

Signature

Date

