SAMPLE WASHINGTON ADMISSION APPLICATION – TO BE EFFECTIVE ...

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court.

This sample application has essentially the same questions as will be on the online application available on …. Do not submit a paper application. Use this to prepare answers and gather documentation.

APPLICANT INFORMATION

• Full legal name. You must provide your full legal name including middle name(s) if any. *Required
  
  First ___________________ Middle ___________________ Last ___________________ Suffix _______________

• Previous Names

  Have you ever used or been known by any other name? *Required
  
  □ Yes   □ No

  Note: Your name(s) will be used as identification in correspondence sent to schools, employers, courts, references, etc. You must provide the full legal name including middle name(s) if applicable.

  If Yes (the following information is required for every name):

  Include information for all other names (e.g., legal names, nicknames, or aliases) using separate entries.

  First ___________________ Middle ___________________ Last ___________________ Suffix _______________
  
  o From Date

  Month ___________________ Day ___________________ Year _______________
  
  o To Date

  Month ___________________ Day ___________________ Year _______________
  
  o Reason for use or change

  _______________________________________________________________________________

• Social Security Number * Required if you have one

  □ I do not have a social security number

• Birth Date

  Month ___________________ Day ___________________ Year _______________

• Place of Birth (City, State/Province, County) * Required

  City ___________________ State ___________________ County ___________________
CONTACT INFORMATION

Please provide the mailing address and telephone numbers at which you can be reached during the next six months.

Email Address  *Required

______________________________________________________________

Home/Mobile Phone  *Required

______________________________________________________________

Office Telephone Number

______________________________________________________________

Mailing Address  *Required

Firm Name (optional) ____________________________________________________________________________

Country * _______________________________________________________________________________________

Address Line 1 * _________________________________________________________________________________

Address Line 2 __________________________________________________________________________________

Address Line 3 __________________________________________________________________________________

City * _________________________________________________________________________________________

State/Province __________________________________________________________________________________

Postal Code * ____________________________________________________________________________________

NCBE Number: {NCBE Number does not apply to applicants for LPO, LLLT, Law Clerk, Military Spouse, Indigent Rep, or Legal Intern.}

Note: You must provide us with your identification number received from the National Conference of Bar Examiners (NCBE). Your unique NCBE Number will be used for identification purposes if you take the Uniform Bar Examination and the Multistate Professional Responsibility Examination. If you do not already have an NCBE Number, request your NCBE Number at www.ncbex.org/ncbe-number.

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

1. Law Student Registration

Have you ever submitted an application to register with a bar authority as a law student?  *Required

☐ Yes  ☐ No

If Yes (the following information is required for every such application):

  o Name of U.S. jurisdiction, tribal court, or foreign jurisdiction  * Required
2. Bar Exam

Have you ever applied to take a bar exam or other exam to be admitted/licensed/registered to practice law, in any jurisdiction? *Required

☐ Yes   ☐ No

If Yes (the following information is required for every such application):

• Name of U.S. jurisdiction, tribal court, or foreign jurisdiction * Required

• Name and address of bar or licensing authority * Required

  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County

  Date application submitted * Required

  Month __________________  Day __________________  Year __________________
• Date application submitted  * Required
  Month________________ Day________________ Year ___________________

• Date examination taken
  Month________________ Day________________ Year ___________________

• Were you admitted to this Jurisdiction?  * Required
  □ Yes  □ No

  If Yes:
  □ Admission or readmission date  * Required
    Month________________ Day________________ Year ___________________
  □ Bar Number ______________________
    □ Attorney  □ House Counsel  □ Foreign legal Consultant
    □ Other _______________________________________________________

  If No:
  □ Reason not admitted/licensed/registered  * Required
    □ Failed Exam  □ Withdrew Application  □ Pending  □ Denied
    □ Exam Misconduct
    □ Other Reason ________________________________________________

  □ Explanation  * Required
    __________________________________________________________________

3. UBE Score Transfer

  Have you ever previously applied for admission/registration/licensing by transferred UBE score in any jurisdiction?  * Required
  □ Yes  □ No

  If Yes (the following information is required for every such application):
  • Name of U.S. jurisdiction  * Required
    __________________________________________________________________

  • Date application submitted  * Required
    Month________________ Day________________ Year ___________________

  • Were you admitted to this Jurisdiction?  * Required
    □ Yes  □ No
If Yes:

- Admission or readmission date * Required
  Month __________________ Day ____________ Year ____________________________

- Bar Number ____________________

- Admitted/licensed/registered as * Required
  - Attorney
  - House Counsel
  - Foreign legal Consultant
  - Other ____________________

If No:

- Reason not admitted/licensed/registered * Required
  - Withdrew Application
  - Pending
  - Denied
  - Exam Misconduct
  - Other Reason ____________________

- Explanation
  ________________________________________________________________

4. Motion

Have you ever previously applied for admission on motion or by reciprocity in any jurisdiction? * Required

- Yes
- No

If Yes (the following information is required for every such application):

- Name of U.S. jurisdiction, tribal court, or foreign jurisdiction * Required
  ________________________________________________________________

- Name and address of bar or licensing authority * Required
  Name * __________________________
  Country * ________________________
  Address Line 1 * __________________________
  Address Line 2 ______________________
  Address Line 3 ____________________
  City * __________________________
  State/Province _____________________
  Postal Code * ______________________
  County ________________________________
• **Date application submitted**  *Required
  Month ___________ Day ___________ Year ___________

• **Were you admitted to this Jurisdiction?**  *Required
  □ Yes   □ No

  **If Yes:**
  o **Admission or readmission date**  *Required
    Month ___________ Day ___________ Year ___________
  o **Bar Number** ______________
  o **Admitted/licensed/registered as**  *Required
    □ Attorney   □ House Counsel   □ Foreign legal Consultant
    □ Other __________________________

  **If No:**
  o **Reason not admitted/licensed/registered**  *Required
    □ Withdrew Application   □ Pending   □ Denied   □ Exam Misconduct
    □ Other Reason __________________________
  o **Explanation**  *Required
    __________________________

5. **Diploma Privilege**

Have you ever applied for admission/licensing/registration by diploma privilege in any jurisdiction?  *Required
  □ Yes   □ No

  **If Yes** (the following information is required for every time you applied for such admission):
  • **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction**  *Required
  __________________________

  • **Name and address of bar or licensing authority**  *Required
    Name * __________________________
    Country * __________________________
    Address Line 1 * __________________________
    Address Line 2 __________________________
    Address Line 3 __________________________
    City * __________________________
State/Province__________________________________________________________
Postal Code * __________________________________________________________
County ________________________________________________________________

- **Date application submitted**  *Required*
  Month_________________Day_________________Year_______________________

- **Were you admitted to this Jurisdiction?**  *Required*
  □ Yes    □ No

  **If Yes:**
  - Admission or readmission date  *Required*
    Month_________________Day_________________Year_______________________
  - Bar Number ______________________
  - Admitted/licensed/registered as  *Required*
    □ Attorney    □ House Counsel    □ Foreign legal Consultant
    □ Other

  **If No:**
  - Reason not admitted/licensed/registered  *Required*
    □ Withdrew Application    □ Pending    □ Denied    □ Exam Misconduct
    □ Other Reason
  - Explanation  *Required*

6. **Foreign Legal Consultant**

Have you ever previously applied for admission, registration, or licensing as a foreign legal consultant in any jurisdiction?  *Required*

  □ Yes    □ No

  **If Yes (the following information is required for every such application):**
  - Name of U.S. jurisdiction, tribal court, or foreign jurisdiction  *Required*
  - Name and address of bar or licensing authority  *Required*

  - Name * ________________________________
  - Country * ________________________________
  - Address Line 1 * ________________________________
Address Line 2
Address Line 3
City *
State/Province
Postal Code *
County

• Date application submitted * Required
  Month ___________________ Day ___________________ Year ___________________

• Were you admitted to this Jurisdiction? * Required
  □ Yes □ No
  If Yes:
    o Admission or readmission date * Required
      Month ___________________ Day ___________________ Year ___________________
    o Bar Number ___________________
    o Admitted/licensed/registered as * Required
      □ Attorney □ House Counsel □ Foreign legal Consultant
      □ Other ___________________
  If No:
    o Reason not admitted/licensed/registered * Required
      □ Withdrew Application □ Pending □ Denied □ Exam Misconduct
      □ Other Reason ___________________
    o Explanation * Required
      ___________________

7. House Counsel

Have you ever previously applied for admission, registration, or licensing as in-house counsel in any jurisdiction? * Required
  □ Yes □ No
  If Yes (the following information is required for every such application):
    • Name of U.S. jurisdiction, tribal court, or foreign jurisdiction * Required
      ___________________
• Name and address of bar or licensing authority  * Required
  Name * ____________________________________________________________
  Country * _________________________________________________________
  Address Line 1 * ___________________________________________________
  Address Line 2 ______________________________________________________
  Address Line 3 ______________________________________________________
  City * _____________________________________________________________
  State/Province _____________________________________________________
  Postal Code * ______________________________________________________
  County __________________________

• Date application submitted       * Required
  Month__________________ Day__________________ Year____________________

• Were you admitted to this Jurisdiction?       * Required
  ☐ Yes  ☐ No

  If Yes:
  o Admission or readmission date  * Required
    Month__________________ Day__________________ Year____________________
  o Bar Number __________________________
  o Admitted/licensed/registered as  * Required
    ☐ Attorney  ☐ House Counsel  ☐ Foreign legal Consultant
    ☐ Other __________________________

  If No:
  o Reason not admitted/licensed/registered  * Required
    ☐ Withdrew Application  ☐ Pending  ☐ Denied  ☐ Exam Misconduct
    ☐ Other Reason __________________________
  o Explanation  * Required
    ____________________________________________________________________
8. **Other Applications**

Have you ever otherwise submitted an application to, or been authorized or licensed to practice law in any U.S. or foreign jurisdiction or tribal court? *Required

☐ Yes    ☐ No

If Yes (the following information is required for every application or authorization):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** *Required
  
- **Name and address of bar or licensing authority** *Required
  
- **Date application submitted** *Required
  
- **Date examination taken** *Required
  
- **Were you admitted to this Jurisdiction?** *Required
  
  ☐ Yes    ☐ No
  
  If Yes:
  
  - **Admission or readmission date** *Required
  
  - **Bar Number**
  
  - **Admitted/licensed/registered as** *Required
    
  □ Attorney    □ House Counsel    □ Foreign legal Consultant
  
  □ Other

  If No:
9. **Bar Association Membership**

Have you ever been or are you currently a member of any mandatory bar association? If yes, list the full name and address of each mandatory bar association of which you have been or are currently a member. **NOTE** - You do not need to report membership if you were a law student at the time you were a member of the bar association.  

- **Yes**  
- **No**

If Yes (the following information is required for every mandatory bar association of which you are or have been a member):

- **Name and address of the bar association**  
  - **Name**  
  - **Country**  
  - **Address Line 1**  
  - **Address Line 2**  
  - **Address Line 3**  
  - **City**  
  - **State/Province**  
  - **Postal Code**  
  - **County**

- **Are you a current member of this bar association?**
  - **Yes**  
  - **No**

If Yes, member:

- **From**  
  - **Month**  
  - **Day**  
  - **Year**

If No, member:

- **From**  
  - **Month**  
  - **Day**  
  - **Year**
10. Licensed Legal Professional Discipline

Have you ever been disbarred, suspended, censured, or otherwise disciplined, sanctioned, or disqualified as a lawyer or other licensed legal professional? If yes, include a copy of relevant documentation from the regulatory agency. * Required

☐ Yes    ☐ No

If Yes (the following information is required for every such incident):

- **Name and address of the Regulatory Agency**  * Required
  - Name *
  - Country *
  - Address Line 1 *
  - Address Line 2
  - Address Line 3
  - City *
  - State/Province
  - Postal Code *
  - County

- **Case Number (if applicable)**

- **Date**  * Required
  - Month
  - Day
  - Year

- **Action Taken**  * Required

- **Explanation**  * Required

11. Licensed Legal Professional Complaint

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a lawyer or other licensed legal professional, including any dismissed or now pending? If yes, include a copy of relevant documentation from the regulatory agency. * Required

☐ Yes    ☐ No
If Yes (the following information is required for every such matter):

- **Name and address of the Regulatory Agency**  * Required
  
  Name * ____________________________
  
  Country * ____________________________
  
  Address Line 1 * ____________________________
  
  Address Line 2 ____________________________
  
  Address Line 3 ____________________________
  
  City * ____________________________
  
  State/Province ____________________________
  
  Postal Code * ____________________________
  
  County ____________________________

- **Case Number (if applicable)**
  ____________________________

- **Date**  * Required
  Month ___________ Day ___________ Year ___________

- **Action Taken**  * Required
  ____________________________

- **Explanation**  * Required
  ____________________________

12. *Unauthorized Practice of Law*

Have you ever been the subject of any formal or informal charges, complaints, or grievances alleging that you engaged in the unauthorized practice of law, including any dismissed or now pending? If **yes**, include a copy of relevant documentation from the regulatory or law enforcement agency.  * Required

☐ Yes  ☐ No

If Yes (the following information is required for each action):

- **Name and address of the Regulatory or Law Enforcement Agency**  * Required
  
  Name * ____________________________
  
  Country * ____________________________
  
  Address Line 1 * ____________________________
  
  Address Line 2 ____________________________
13. Court Sanction or Disqualification

Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? If yes, include a copy of the order of sanction or disqualification and any documentation demonstrating compliance with the order. * Required

☐ Yes ☐ No

If Yes (the following information is required for every court sanction or disqualification):

- Name and address of the Court * Required
  
  Name *
  
  Country *
  
  Address Line 1 *
  
  Address Line 2
  
  Address Line 3
  
  City *
  
  State/Province
  
  Postal Code *
  
  County
• Case Number * Required

• Case Name * Required

• From Date * Required
  Month ___________ Day _________________ Year ________________

• To Date
  Month ___________ Day _________________ Year ________________

• Action Taken * Required

• Explanation * Required

EDUCATION

14. Law Office Study/Washington Supreme Court APR 6 Law Clerk program

Did you engage in law office study or complete Washington's APR 6 Law Clerk Program in lieu of receiving a J.D.? * Required

☐ Yes  ☐ No

If Yes (the following information is required for every such study or program):

• Name of Tutor/Proctor * Required

• Name and address of firm * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
15. **Law School Attendance**

List complete information regarding all law school attendance. Multiple degrees received from the same school require separate entries.

**I have attended law school**  * Required

☐ Yes  ☐ No

If Yes (the following information is required for every law school attended):

**Attended From**  * Required

Month_________________ Day_________________ Year_________________

**Attended To**  * Required

Month_________________ Day_________________ Year_________________

☐ Check here if your enrollment at this institution was entirely through an online degree or program.

**Enrollment Status**  * Required

☐ Full Time  ☐ Part Time

**Degree received or expected to be received**  * Required

☐ None  ☐ J.D.  ☐ LL.M.

☐ LL.M. for the Practice of Law  ☐ LLLT Practice Certificate

☐ Other

**Did you/will you receive this degree from an ABA approved Law School?**  * Required

☐ Yes  ☐ No

If Yes:

☐ Law School  * Required

If No:

☐ Provide the name and mailing address of the non-ABA law school/institution you attended  * Required

Name * ________________________________
Country *  
Address Line 1 *  
Address Line 2  
Address Line 3  
City *  
State/Province  
Postal Code *  
County  

Are you relying on an LL.M. for the Practice of Law from an ABA-accredited law school per APR 3(b)(4) to apply to take the Washington Bar Exam?  * Required

☐ Yes  ☐ No

16. Law School Discipline
Have you ever taken a leave of absence from any law school, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, subjected to other discipline, or requested to discontinue your studies by any law school?  * Required

☐ Yes  ☐ No

If Yes (the following information is required for every applicable action):

- Name of Institution  * Required

- Action taken  * Required

- Date action taken  * Required
  Month __________ Day __________ Year __________

- Explanation  * Required

17. College/University Attendance
List complete information regarding all college/university attendance. Multiple degrees received from the same school require separate entries.

ATTENTION - Report all law school education, including any LL.M. degrees awarded by a law school and any LL.M. for the Practice of Law degrees, under question 15.
I have attended College or University.  * Required

☐ Yes  ☐ No

If Yes (the following is information is required for every college/university attended):

- **Name and mailing address of college/university**  * Required
  
  College/University Name * ____________________________
  
  Country * ____________________________
  
  Address Line 1 * ____________________________
  
  Address Line 2 ____________________________
  
  Address Line 3 ____________________________
  
  City * ____________________________
  
  State/Province ____________________________
  
  Postal Code * ____________________________

- **Attended From**  * Required
  
  Month __________ Day __________ Year

- **Attended To**  * Required
  
  Month __________ Day __________ Year

- **Degree received**  * Required

  ☐ No Degree  ☐ Associates  ☐ Bachelors  ☐ Masters
  
  ☐ Ph.D.  ☐ LL.M. Not Awarded by Law School
  
  ☐ Other ____________________________

- **Field(s) of Study**  * Required

  ____________________________

  ☐ Check here if your enrollment at this institution was entirely through an online degree or program.
18. **College/University Discipline**

Have you ever taken a leave of absence from any college or university, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, subjected to other discipline, or requested to discontinue your studies by any college or university?  *Required

☐ Yes  ☐ No

If Yes (the following information is required for every applicable actions):

- Name of Institution  *Required
- Action taken  *Required
- Date action taken  *Required
  
  Month __________ Day __________ Year __________
- Explanation  *Required

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**RESIDENCES**

19. **Residence History**

List every permanent or temporary physical address where you have resided for a period of one month or longer for the last ten years or since you were first admitted, licensed, or authorized to practice law, whichever period of time is longer.

**NOTE** - If you have never been admitted, licensed, or authorized to practice law, list every permanent or temporary physical address where you have resided for a period of one month or longer, for the last ten years or since age 18, whichever period of time is longer.

Have you ever been admitted, licensed, or authorized to practice law?  *Required

☐ Yes  ☐ No

If Yes:

- Date first admitted to practice
  
  Month __________ Day __________ Year __________

  Residence address (the following information is required for all addresses during relevant time period):  *Required
  
  Country *
  
  Address Line 1 *
EMPLOYMENT

20. Employment History

List your employment and unemployment information for the last ten years or since you were first admitted, licensed, or authorized to practice law, whichever period of time is longer. If you have never been admitted, licensed, or authorized to practice law, provide information for the last ten years, or since age 18, whichever period of time is shorter.

NOTES:

Employment - In this context, employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, contract work, volunteer work, and temporary employment.

Unemployment - Provide a brief, but specific, description of your activities while unemployed (seeking employment, preparing for law school, attending law school; vacation, studying for bar exam, e.g.).

Employment References – A valid email address is required. If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. Do not list yourself or your own contact information or a relative as a verifying reference; doing so will delay processing of your application.

Details - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.
Have you ever been admitted, licensed, or authorized to practice law?  * Required

☐ Yes  ☐ No

If Yes:

- Date first admitted to practice
  Month __________ Day __________ Year ______________

Add Unemployment Records

Are you currently or have you been unemployed?  * Required

☐ Yes  ☐ No

If Yes (the following information is required for every period of unemployment during the relevant time period):

- Unemployed From  * Required
  Month __________ Day __________ Year ______________

- Provide a brief, but specific, description of your activities while unemployed.  * Required
  __________________________________________________________

Add Employment Records

Are you currently or have you been employed?  * Required

☐ Yes  ☐ No

If Yes (the following information is required for every employer during the relevant time period):

- Name and address of Employer or Firm  * Required
  Name __________________________
  Country __________________________
  Address Line 1 _____________________
  Address Line 2 _____________________
  Address Line 3 _____________________
  City __________________________
  State/Province _____________________
  Postal Code ______________________
  County __________________________

☐ If the employer’s/firm’s name or address has changed, check this box and provide the current information below

If checked:

- Current Name and address of Employer or Firm  * Required
Name * 
Country * 
Address Line 1 * 
Address Line 2 
Address Line 3 
City * 
State/Province 
Postal Code * 
County 

• Employed From  * Required
  Month __________ Day __________ Year __________

• Employed To  * Required
  Month __________ Day __________ Year __________

• Employment Position  * Required

• Employer/Firm Telephone Number  * Required

• Name and email of Supervisor/Associate.  * Required
  Full Name __________________________________________
  Email Address ______________________________________
  □ Do Not Contact my direct supervisor

  □ Name and email of alternate contact.  * Required if box is checked
  Full Name __________________________________________
  Email Address ______________________________________

□ If you are self-employed or employed by a relative, or if the firm is out of business, check this box and provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

• Name and email of alternate reference  * Required if box is checked
  Full Name __________________________________________
  Email Address ______________________________________
21. Employment Discipline

Have you ever been investigated, warned, terminated, suspended, disciplined, laid off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job? * Required

☐ Yes    ☐ No

If Yes (the following information is required for every relevant action):

- **Employer** * Required

- **Date of employment from** * Required
  Month_________ Day_________ Year_________

- **Date of employment to** * Required
  Month_________ Day_________ Year_________

- **Disposition** * Required
  ☐ Terminated ☐ Suspended ☐ Disciplines
  ☐ Laid Off for Misconduct or Dishonesty ☐ Permitted to resign in lieu of termination
  ☐ Other __________________________

- **Date of disposition** * Required
  __________________________

- **Explanation of circumstances** * Required
  __________________________

22. Judicial Office

Have you ever held judicial office? * Required

☐ Yes    ☐ No

If Yes (the following information is required for every judicial office held):

- **Office Held** * Required

- **From** * Required
  Month_________ Day_________ Year_________

- **To** * Required
  Month_________ Day_________ Year_________

- **Name and Address of the court** * Required
23. Military Service

Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?  * Required

If yes and you have separated from service, include a copy of your military separation papers (DD 214 or equivalent). Forms must indicate character of service.

☐ Yes  ☐ No

If Yes (the following information must be provided for each period of service):

- Service Type  * Required
  - Regular Armed Forces
  - Reserve Components
  - National Guard

- Branch  * Required
  - Air Force
  - Army
  - Coast Guard
  - Marine Corps
  - Navy

- State * Required

- Rank * Required

- Date of Service From  * Required
  
  Month Day Year

- Date of Service To  * Required
• Duty Station  * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County

• Phone Number  * Required

• Name of commanding officer  * Required

• Were you ever court-martialed?  * Required
  □ Yes  □ No
  If Yes (the following information is required for each time you were court-martialed):
  o Date of Action Taken  * Required
    Month __________ Day __________ Year ___________________
  o Explanation of circumstances  * Required
    ____________________________
  o Result including any punishment  * Required
    ____________________________

• Were you ever allowed to resign in lieu of court-martial?  * Required
  □ Yes  □ No
  If Yes (the following information is required for each time you were allowed to resign):
  o Date of Action Taken  * Required
    Month __________ Day __________ Year ___________________
• Were you ever awarded non-judicial punishment (Art. 15 UCMJ)? * Required
  ☐ Yes   ☐ No

If Yes (the following information is required for each time you were awarded non-judicial punishment):
  • Date of Action Taken * Required
    Month ___________ Day ______________ Year ____________________
  • Explanation of circumstances * Required
  • Result including any punishment * Required

• Were you administratively discharged? * Required
  ☐ Yes   ☐ No

If Yes (the following is required for each time you were administratively discharged):
  • Date of Action Taken * Required
    Month ___________ Day ______________ Year ____________________
  • Explanation of circumstances * Required
  • Result including any punishment * Required

• Did you receive an honorable discharge? * Required
  ☐ Yes   ☐ No

If Yes (for each honorable discharge):
  • Date of Action Taken * Required
    Month ___________ Day ______________ Year ____________________
  • Explanation of circumstances * Required
  • Result including any punishment * Required
24. Licenses

Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as a lawyer or other licensed legal professional? * Required

☐ Yes  ☐ No

If Yes (the following information is required for every license applied for and/or held):

- License Type * Required

- Issued to (include business name, if applicable)

- Current Status * Required

- Application Date * Required
  Month ___________ Day ___________ Year _________________

- License number (if applicable)

- Expiration/Inactive Date
  Month ___________ Day ___________ Year _________________

- Name and address of issuing authority * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County
25. License Denial/Revocation

Have you ever been denied, or had revoked, a license for a business, trade, or profession?  * Required

NOTE - Do not include denials or revocations for a license as a lawyer or other licensed legal professional here.

☐ Yes  ☐ No

If Yes (the following information is required for every time a license was denied or revoked):

- **Action Taken**  * Required
  - ☐ Denial
  - ☐ Revocation
  - ☐ Suspension
  - ☐ Other ____________________________________________

- **Date**  * Required
  Month __________ Date __________ Year __________

- **License (Type, application date, license number)**  * Required
  ____________________________________________

- **Name and address of Regulatory Agency**  * Required
  Name * ____________________________________________
  Country * ____________________________________________
  Address Line 1 * ____________________________________________
  Address Line 2 ____________________________________________
  Address Line 3 ____________________________________________
  City * ____________________________________________
  State/Province ____________________________________________
  Postal Code * ____________________________________________
 County ____________________________________________

- **Explanation**  * Required
  ____________________________________________
26. Professional Discipline

Have you ever been suspended, censured, or otherwise disciplined or disqualified as a member of another profession, or as a holder of public office?  * Required

☐ Yes    ☐ No

If Yes (the following information is required for every action):

- **Name and address of Regulatory or Public Agency**  * Required
  - Name * 
  - Country * 
  - Address Line 1 * 
  - Address Line 2 
  - Address Line 3 
  - City * 
  - State/Province 
  - Postal Code * 
  - County 

- **Case Number (if applicable)**

- **Date**  * Required
  - Month Day Year

- **Action Taken**  * Required

- **Explanation**  * Required
27. **Professional Complaint**

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a member of any other profession, or as a holder of public office, including any dismissed or now pending? *Required

☐ Yes  ☐ No

If Yes (the following information is required for every charge, complaint, or grievance):

- Name and address of Regulatory or Public Agency  * Required
  
  Name * ____________________________
  
  Country * ____________________________
  
  Address Line 1 * ____________________________
  
  Address Line 2 ____________________________
  
  Address Line 3 ____________________________
  
  City * ____________________________
  
  State/Province ____________________________
  
  Postal Code * ____________________________
  
  County ____________________________

- Case Number (if applicable)
  
  ____________________________

- Date  * Required
  
  Month ______ Day ______ Year ______________

- Action Taken  * Required
  
  ____________________________

- Explanation  * Required
  
  ____________________________

28. **Bond**

Has any surety on any bond on which you were the principal been required to pay any money on your behalf? *Required

☐ Yes  ☐ No

If Yes (the following information is required for each such bond):

- Name and address of surety  * Required
Name * ________________________________________________________________
Country * ______________________________________________________________
Address Line 1 * _________________________________________________________
Address Line 2 __________________________________________________________
Address Line 3 __________________________________________________________
City * __________________________________________________________________
State/Province__________________________________________________________
Postal Code * ____________________________________________________________
County ________________________________________________________________

- Amount of money paid by surety * Required
  _______________________________________________________________________
- Date money paid by surety * Required
  Month ____________ Day ____________ Year ____________________________
- Reason for bond * Required
  _______________________________________________________________________
- Detailed explanation * Required
  _______________________________________________________________________

LEGAL PROCEEDINGS

29. Civil Action
Have you ever been a named party (of any kind) to any civil action? * Required

NOTE: Family law matters (including divorce, child support, parenting plans, etc.) and protection orders should be included here.

If yes, include a copy of the associated pleadings, judgments, final orders and docket report.

☐ Yes ☐ No

If Yes (the following information is required for each action):

- Complete title of action * Required
  _______________________________________________________________________
- Court file number * Required
  _______________________________________________________________________
• Date filed  * Required
  Month ____________ Day _______________ Year __________________

• Trial date  * Required
  Month ____________ Day _______________ Year __________________

• Date of final disposition  * Required
  Month ____________ Day _______________ Year __________________

• Disposition
  ________________________________________________________________

• Are you the subject of any continuing court order (e.g., for child support or payment of a money judgement)?
  * Required

☐ Yes  ☐ No

If Yes (the following information must be provided for every continuing order):
  o Name and address of plaintiff  * Required
    Name ____________________________________________________________
    Country _________________________________________________________
    Address Line 1 * ________________________________________________
    Address Line 2 _________________________________________________
    Address Line 3 _________________________________________________
    City * _________________________________________________________
    State/Province _________________________________________________
    Postal Code * __________________________________________________
    County ____________________________

  • Name of plaintiff’s attorney  * Required
    ________________________________________________________________

  • Name and address of defendant  * Required
    Name * _________________________________________________________
    Country _________________________________________________________
    Address Line 1 * ________________________________________________
    Address Line 2 _________________________________________________
    Address Line 3 _________________________________________________
City * ____________________________
State/Province ________________________________
Postal Code * ____________________________
County ____________________________

• Name of defendant’s attorney  * Required

• If the disposition resulted in a judgment, has the judgment been satisfied?  * Required
  □ Yes  □ No
  If Yes:
  o Date judgement satisfied  * Required
    Month________ Day __________ Year __________________________
  If No:
  o Amount still owed  * Required

• Detailed explanation of civil action  * Required

• Did this matter go to court?  * Required
  □ Yes  □ No
  If Yes:
  o Name and address of court  * Required
    Name * ____________________________
    Country * ____________________________
    Address Line 1 * ____________________________
    Address Line 2 ____________________________
    Address Line 3 ____________________________
    City * ____________________________
    State/Province ____________________________
    Postal Code * ____________________________
    County ____________________________
30. **Administrative Action**

Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?  *Required*

If yes, include a copy of the relevant portions of the associated administrative record.

☐ Yes ☐ No

If Yes (the following information is required for every administrative action):

- **Date action/complaint initiated**  *Required*
  
  Month __________ Day _________________ Year __________________

- **Name and address of Administrative Forum or Body**  *Required*
  
  Name *
  
  Country *
  
  Address Line 1 *
  
  Address Line 2
  
  Address Line 3
  
  City *
  
  State/Province
  
  Postal Code *
  
  County ________________

- **Date of final disposition, if any**  *Required*
  
  Month __________ Day _________________ Year __________________

- **Disposition, if any**
  
  ________________________________________________________________

- **Explanation**  *Required*
  
  ________________________________________________________________
31. Criminal Action

Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any case that was resolved in juvenile court?  * Required

NOTE - Include matters that have been sealed or dismissed, expunged, pardoned, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit traffic violations.

If yes, include a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and relevant appellate documentation, if any.

☐ Yes  ☐ No

If Yes (the following information is required for each action):

- Date (or time period) of incident  * Required
  Month ____________ Day ____________ Year ________________

- Incident location  * Required
  Country *
  City *
  State/Province
  Postal Code *
  County

- Detailed description of allegation or violation  * Required

- Name and address of the law enforcement agency involved  * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County

- Name of defendant’s attorney

__________________________________________
• Title of complaint, indictment, or citation

• Did this matter go to court? * Required
  □ Yes □ No
  
  If Yes:
  o Name and address of the court involved * Required
    Name *
    Country *
    Address Line 1 *
    Address Line 2
    Address Line 3
    City *
    State/Province
    Postal Code *
    County

  o Date of initial court hearing * Required
    Month __________ Day __________ Year __________________

  o Charge(s) at time of initial court hearing * Required

• Date of final disposition
  Month __________ Day __________ Year __________________

• Charge(s) at time of final disposition

• Final disposition

• Additional Comments or Explanation
32. Alcohol or Drug Related Traffic Violation

Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug related traffic violation including any violation that was resolved in juvenile court? * Required

NOTE: Include matters that are currently pending, and matters that have been sealed, dismissed, expunged, pardoned, reduced to a lesser charge, subject to a diversion or deferred prosecution program, or otherwise set aside.

If yes, upload a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and relevant appellate documentation, if any.

☐ Yes  ☐ No

If Yes (the following information is required for each violation):

- **Date of incident**  * Required
  Month__________ Day__________ Year____________________

- **Incident location**  * Required
  Country ____________________________
  City * ____________________________
  State/Province ___________________
  Postal Code * ___________________
  County _______________________

- **Detailed description of allegation or violation**  * Required
  __________________________________________________________________________________________

- **Name and address of the law enforcement agency involved**  * Required
  Name * ____________________________
  Country * ____________________________
  Address Line 1 * ____________________________
  Address Line 2 _____________________
  Address Line 3 _____________________
  City * ____________________________
  State/Province ___________________
  Postal Code * ___________________
  County _______________________

SAMPLE

Sample Washington Admission Application 37 Effective
• Title of complaint, indictment, or citation

__________________________________________

• Name of defendant’s attorney

__________________________________________

• Did this matter go to court?  * Required
  □ Yes  □ No
  
  If Yes:
  o Court file number  * Required
    ____________________________________________
  
  o Name and address of the court involved  * Required
    Name *
    Country *
    Address Line 1 *
    Address Line 2
    Address Line 3
    City *
    State/Province
    Postal Code *
    County

  o Date of court hearing  * Required
    Month__________  Day__________  Year________________

  o Charge(s) at time of initial court hearing  * Required

  • Date of final disposition
    Month__________  Day__________  Year________________

  • Charge(s) at time of final disposition

  • Final disposition

__________________________________________
33. Traffic Violation

Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? * Required

NOTE: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit parking violations.

☐ Yes    ☐ No

If Yes (the following information is required for every moving violation):

- Date of violation * Required
  Month ______ Day ______ Year ______

- Original charged violation * Required
  __________________________________________________________

- Charge(s) at time of final disposition
  __________________________________________________________

- Final disposition
  __________________________________________________________

- Description of violation * Required
  __________________________________________________________

- Name of law enforcement agency * Required
  __________________________________________________________

- Incident location * Required
  Country *
  City *
  State/Province __________________________
  Postal Code * __________________________
  County __________________________
34. **Driver’s License**

Have you held a driver's license during the last ten years? *Required

- Yes
- No

If Yes (the following information is required for each driver’s license):

- Driver’s License state, province, or country *Required

- Driver’s License number (if unavailable, enter “unknown”) *Required

- Check here if this is your current driver’s license *Required

- Yes
- No

**FINANCIAL RESPONSIBILITY**

35. **Revocation**

Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy? *Required

- Yes
- No

If Yes (the following information is required for every revocation):

- Type of Debt *Required

- Charge Account
- Credit Card

- Last four digits of account number *Required

- Original amount of debt *Required

- Current balance *Required

- Date of last payment
  
  Month ___________ Day ________________ Year ________________

- Current status of this debt *Required
• **Describe the history of this debt**  * Required

• **Entity extending credit**  * Required
  
  Name * 
  Country * 
  Address Line 1 * 
  Address Line 2 
  Address Line 3 
  City * 
  State/Province 
  Postal Code * 
  County 
  Phone Number * 

  o **Retailer**  * Required if different from Entity Extending Credit
    
    Name * 
    Country * 
    Address Line 1 * 
    Address Line 2 
    Address Line 3 
    City * 
    State/Province 
    Postal Code * 
    County 
    Phone Number * 

  o **Current Creditor or Collection Agency**  * Required if different from Entity Extending Credit

    Name * 
    Country * 
    Address Line 1 * 
    Address Line 2 
    Address Line 3
36. Defaulted Student Loan

Have you ever defaulted on a student loan?  * Required

☐ Yes      ☐ No

If Yes (the following information is required for each defaulted loan):

- Full account number  * Required

- Original amount of debt  * Required

- Current Balance  * Required

- Date of last payment
  Month __________  Day __________  Year __________

- Current status of this debt  * Required

- Describe the history of this debt  * Required

- Entity extending credit  * Required
  Name * ________________________________
  Country * ____________________________
  Address Line 1 * ____________________________
  Address Line 2 ____________________________
  Address Line 3 ____________________________
  City * ________________________________
State/Province
Postal Code *
County
Phone Number *
• **Current creditor or collection agency**  *Required if different from Entity Extending Credit*
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County
  Phone Number *

**37. Other Defaulted Debt**

Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?  *Required*

**Note:** This includes but is not limited to debts assigned to collection, subject to garnishment or subject to other court-entered judgments or orders for payment.

☐ Yes  ☐ No

If Yes (the following information is required for every revoked card or account):

• **Type of Debt**  *Required*
  ☐ Charge Account  ☐ Credit Card  ☐ Real Estate
  ☐ Other

• **Last four digits of account number**  *Required*

• **Original amount of debt**  *Required*
• **Current Balance**  *Required*


• **Date of last payment**
  Month ___________ Day _______________ Year _______________

• **Current status of this debt**  *Required*

• **Describe the history of this debt**  *Required*

• **Entity extending credit**  *Required*
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County
  Phone Number *

• **Retailer**  *Required if different from Entity Extending Credit*
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County
  Phone Number *
38. Past Due Debt

Have you had a debt of $500 or more that has been more than 90 days past due within the past three years that was not resolved in bankruptcy?  * Required

☐ Yes  ☐ No

If Yes (the following information is required for each applicable past due debt):

• Type of Debt  * Required
  ☐ Charge Account  ☐ Credit Card  ☐ Real Estate
  ☐ Other ____________________________

• Last four digits of account number  * Required
  ____________________________________________

• Original amount of debt  * Required
  ____________________________________________

• Current Balance  * Required
  ____________________________________________

• Date of last payment  * Required
  Month __ Day __ Year _________________________

• Current status of this debt  * Required
  ____________________________________________

• Describe the history of this debt  * Required
  ____________________________________________

• Entity extending credit  * Required
  Name ________________________________
  Country ____________________________
  Address Line 1 ____________________________
  Address Line 2 ____________________________
  Address Line 3 ____________________________
  City ____________________________
  State/Province ____________________________
  Postal Code ____________________________
  County ____________________________
39. **Tax Debt**

Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; employment taxes; or real estate assessment taxes?  *Required*

☐ Yes    ☐ No

If Yes (the following information is required for every such failure):

- **Current balance**  *Required*  
  
- **Date of last payment**  *Required*  
  Month ___________ Day _______________ Year ___________

- **Describe the history of this debt**  *Required*  

- **Agency**  *Required*  
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County
  Phone Number *

40. **Bankruptcy**

Have you ever filed a petition for bankruptcy?  *Required*

If yes, include a copy of the petition, schedule of creditors, and order of discharge.

☐ Yes    ☐ No

If Yes (the following information is required for every petition filed):
• **Date filed**  *Required*
  Month __________ Day __________ Year __________

• **Title of action**  *Required*

• **Type of Bankruptcy**  *Required*
  □ Chapter 7  □ Chapter 11  □ Chapter 13
  □ Other ________________________________

• **Court File Number/Case Number**  *Required*

• **Name and address of court involved**  *Required*
  Name ________________________________
  Country ________________________________
  Address Line 1 ________________________________
  Address Line 2 ________________________________
  Address Line 3 ________________________________
  City ________________________________
  State/Province ________________________________
  Postal Code  * ________________________________
  County ________________________________

• **Total amount discharged in U.S. dollars**  *Required*

• **Date of disposition**
  Month __________ Day __________ Year __________

• **Disposition**

• **Were any adversary proceedings instituted?**  *Required*
  □ Yes  □ No

• **Were there any allegations of fraud?**  *Required*
  □ Yes  □ No
• Were any debts not discharged? * Required
  □ Yes □ No

• Detailed description of circumstances surrounding filing * Required

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**OTHER CONDUCT AND BEHAVIOR**

### 41. Other Conduct and Behavior

Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:

**Your truthfulness** * Required
  □ Yes □ No

**Your excessive absences** * Required
  □ Yes □ No

**The manner in which you handled or preserved the money or property of others** * Required
  □ Yes □ No

**A serious or repeated failure to submit your work in a timely manner** * Required
  □ Yes □ No

**Your competence or diligence in the performance of job or academic duties** * Required
  □ Yes □ No

**Your ability to maintain the confidentiality of information** * Required
  □ Yes □ No

**Your endangering the safety of others** * Required
  □ Yes □ No

If you answered yes to any of the above, complete the following section. Provide information for each separate occurrence; if one occurrence covered more than one type of behavior, you may include the information about each type of behavior covered during that one occurrence in one record below. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.

For Each Yes, the following information is required:

• Entity before which the issues were raised (i.e., employer, school, etc.) * Required
  Name *
  Country *
Address Line 1 * ________________________________
Address Line 2 ___________________________________
Address Line 3 ___________________________________
City * ___________________________________________
State/Province_____________________________________
Postal Code * ______________________________________
County ____________________________________________
Phone Number * ____________________________________

• **Nature of the issue**  * Required
  
  ____________________________________________

• **Relevant Dates**  * Required
  
  ____________________________________________

• **Disposition, if any**
  
  ____________________________________________

• **Detailed explanation**  * Required
  
  ____________________________________________