

Indiana University School of Nursing Required Student Legal Disclosure

Requirement to Disclose

The Indiana University School of Nursing (IUSON) requires you to complete the attached **Student Disclosure Form**. Pursuant to state law, an applicant for a license to practice as a registered nurse must not have been convicted of a crime that has a direct bearing on the individual's ability to practice nursing competently nor have committed an act that would constitute a ground for disciplinary sanction under state law.

While a criminal history is not an automatic barrier to consideration for admission to IUSON, each applicant will be considered on a case by case basis. Serious crimes, such as crimes of violence or dishonesty, are particularly disfavored. Applicants are advised that the School relies on third parties, such as hospitals and other health facilities, to provide clinical education and that a criminal history can affect the School's ability to find a placement; IUSON has no control over these third parties and the School makes no guarantee that it can place any student, with or without a criminal history.

Candor about the applicant's criminal history is highly important: failure to disclose may result in the withdrawal of acceptance or, in the case of an accepted or matriculated student, dismissal from IUSON.

You are required to notify IUSON academic counselor on the campus to which you are seeking or granted admission on an annual basis, or more frequently, of any changes in your status.

Full Disclosure Required

Applicants are required to disclose any convictions, charges, probation/diversion in writing (even if a charge has been dismissed). You must report **anything** that may come up on a national background check. You must complete this form to the best of your ability. If in doubt, disclose the charge. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure whether to disclose it, you must disclose the information.

1. I understand that if I am conditionally admitted that I must submit to and pay any costs required for criminal background checks. I understand that information obtained from a criminal history check may result in a failure to be approved for required placement assignments, and as such may result in my inability to progress through the IU School of Nursing programs.
2. I understand a clinical agency may require additional components of a criminal background check, other than those required by the School of Nursing, as well as drug screening. I understand I am required to pay for any and all criminal background checks and drug screens required.
3. The School of Nursing and/or campus will review the Indiana Sex Offenders Registry for each nursing student prior to admission and may do so periodically after admission. I understand that the results of such check will affect my ability to participate in IUSON programs.
4. I understand I must disclose in writing any convictions of any misdemeanors or felonies in Indiana, any State, or other jurisdiction. I understand if an assigned clinical agency does not accept me as a nursing student based on my criminal background, it may result in an inability to progress through the IU School of Nursing programs, as such required agency placements are prerequisites to the completion of any School of Nursing degree.
5. I understand the IUSON School of Nursing reserves the authority to determine my eligibility to be admitted to the program and/or progress in the program. I understand that my national criminal background check will be a factor used to determine if I will be admitted to the program.

Signature

Date

Printed Name

Indiana University School of Nursing Student Disclosure Form

Applicants to the Indiana University School of Nursing are required to disclose to the Admission Progression Graduation committee any convictions, charges, probation/diversion (even if a charge has been dismissed):

1. Name of Student (Print) _____

2. Maiden Name if Applicable (Print): _____

3. Enter All Other Names Used (Print): _____

4. Student ID: _____

5. Date of Birth: _____

6. Have you ever been arrested for, charged with, or convicted of, any criminal offense? Yes No

If the answer above is "yes," set forth the dates and details here (*use additional sheets if necessary*):

7. Are there any pending criminal charges that have been filed against you? Yes No

If the answer above is "yes," set forth the dates and details here (*use additional sheets if necessary*):

8. Have you ever participated in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld? Yes No

If the answer above is "yes," set forth the dates and details here (*use additional sheets if necessary*):

I understand that providing false or misleading information regarding my criminal history, failing to disclose the requested information, or not successfully passing any required criminal history check may result in the withdrawal of admission or, in the case of accepted or matriculated students, dismissal from the Indiana University School of Nursing.

Date: _____

Signature: _____