



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Criminal History Disclosure Statement Form (completed annually)

Student Name: _____ Date of Birth: _____
(print name)

Health facilities will be prohibited from allowing students from providing care, treatment or services if an individual has been convicted of a certain crime. These certain crimes include: any endangerment to a child; Medicaid or Medicare Fraud; rape; criminal deviate conduct; exploitation of an endangered adult; failure to report batter, neglect, or exploitation of an endangered adult or child, murder; or voluntary manslaughter and a third offense for DUI/OWL. (A complete list is available from Student Services.)

A conviction of any of the above crimes at any time during an individual's life prohibits entering clinical rotations. In addition, if an individual was convicted of involuntary manslaughter: felony batter; a felony offense relating to a controlled substance; or theft within five (5) years before the individual's start of clinical rotations, the individual may not enter clinical rotations. Background checks will be completed and all convictions will be reviewed.

Any criminal infraction (including OWI's) must be reported to the Director prior to the next assigned clinical day or within (5) days. This is in compliance with contracts held by the College of Health Sciences and the School of Nursing with the clinical agencies and consistent with state and federal regulations.

1. I verify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a clinical agency or to be licensed as a Registered Nurse.

Signature of Student

Date

2. I verify that I have not been convicted of certain crimes nor have committed certain acts that have been entered into the Nurse Aide Registry maintained by The Indiana State Department of Health.

Signature of Student

Date