



# 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