



INDIANA UNIVERSITY  
SOUTH BEND

School of Nursing

Criminal History Disclosure Statement

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: rape, criminal deviate conduct; failure to report batter, neglect, or exploitation of an endangered adult, murder; or voluntary manslaughter and a third offense for DUI.

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.

- 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