



College of Nursing and Health Sciences
Criminal Background Check Statement, Authorization, and Release

I, the undersigned student enrolled in the College of Nursing and Health Sciences at Southeastern Louisiana University (the “College”), am applying through the College for placement in a clinical training program at clinical/educational facilities (the “Facilities”).

I expressly acknowledge and agree that admission to the clinical training program is provisional until the processing and approval of this Application and the information disclosed thereby is complete.

I certify to the College and to each of the Facilities that the information contained in this application form is true, complete and correct. I understand that any false statement or omission of information on my application form may result in (i) my elimination from further consideration for placement for clinical training, (ii) termination of any placement for clinical training made based on this application form, and (iii) academic discipline by the College. I further understand that this application form is not intended to be a guaranty of placement for clinical training by the College or any of the Facilities.

I expressly authorize, without reservation, the College and each of the Facilities, and their respective representatives, employees and agents, to contact and obtain information from all professional organizations, employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application (provided, however, that this authorization does not extend to a credit history check).^{*} The foregoing authorization includes, without limitation, authority of the College to (a) release information gathered in the course of the background check to the Facilities identified above for purposes of consideration of my application for clinical training; (b) make discretionary determinations of my eligibility or disqualification for placement for clinical training at any of the Facilities based on matters disclosed by the background check; and (c) acting in its sole and absolute discretion, determine not to forward my application to one or more Facilities based on matters disclosed in the background check.

I hereby waive and release any and all claims I may have regarding the College, the Facilities, any person, corporation or organization, and their respective representatives, employees and agents, for seeking, furnishing, gathering and/or using truthful or non-defamatory information in a lawful manner for the purposes described in this application form. This release includes, without limitation, claims based on the College’s or any Facility’s discretionary determination to deny your application for placement based on matters disclosed by the background check, and claims based on the College’s release of information gathered or received by the College in the course of the background check to any of the Facilities.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT, AUTHORIZATION AND RELEASE.

Signature of Applicant: _____ W#: _____ Date: _____

Memorandum of Student Advisement and Counseling

I understand:

- as a requirement of my degree, I will submit information and pay for a criminal background check.
- a record of criminal activity may prevent me from participating in required clinical or field-based study at some sites, such as schools and healthcare agencies/providers.
- if I have record of criminal activity, this information will be provided to and reviewed by clinical/internship sites, who will make a decision about my acceptance to participate in experiences there.
- my inability to participate in clinical or field-based activities may preclude me from earning acceptable grades in courses that are required in the degree program.
- the inability to earn acceptable grades in required courses will preclude me from earning a degree.
- the inability to continue making satisfactory academic progress in a degree program may render me ineligible for financial aid.

Student (Print Name)

Faculty Witness

Student (Signature)

Date