

Purdue University
School of Nursing

Annual Background Check and Drug Screen Disclosure Form

Students are required to complete a criminal history background check and drug screen prior to the start of clinical/practicum experiences. Annually thereafter, students must answer the following questions. An affirmative response means that your status will be reviewed by the Assistant Head and/or the Director of the Program (Undergraduate or Graduate). Failure to provide accurate and truthful responses will subject the student to possible removal from courses and/or dismissal from the Program.

If you are charged with a crime (even if dismissed) or tested positive for a drug or controlled substance (other than those obtained legally and legitimately) during the year, you must submit a revised Annual Disclosure Form to the Office of Student Services within 5 business days of the incident or prior to the next clinical day.

1. Have you, the student, in the past semester, or since previously completing this form:

- Been arrested, but not charged?
- Been charged with a crime?
- Or had a charge dismissed?
- Or pleaded not guilty?
- Or pleaded guilty, "no contest"?
- Or been convicted of a crime?
- Or violated parole?

YES _____ NO _____

If YES, name the crime or parole violation, the name of the court and any sentence or punishment, and the date of conviction/dismissal:

2. Have you, the student, tested positive for a drug or controlled substance (other than those obtained legally and legitimately)?

YES _____ NO _____

I understand I must disclose in writing 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 Purdue University School of Nursing programs as such required agency placements that are necessary for the completion of any School of Nursing degree.

I certify that my self-disclosure is true, accurate, and complete to best of my knowledge.

Student's Name (printed): _____

Student's Signature: _____ Date: _____