

Background Information form

Completion of this form is required for ALL Nursing program applicants.

Students with a history of arrests or convictions need to know that this may prohibit placement in certain agencies and may result in your inability to remain or continue in the Nursing Program.

This advisement is not intended to discourage applicants from applying for the Nursing program, but to point out the possible impact of criminal history on your nursing career (including your clinical placement).

CSUMB may require background check clearance.

Nursing is a profession that delivers intimate care to others when they are most vulnerable. Increasingly, hospitals and community health care agencies have required students, volunteers, and employees to undergo background checks as a condition of employment and clinical placement. Nursing students will complete a total of five semester-long clinical rotations in order to complete both the ADN and BSN programs.

- Prior to undertaking any CSUMB community activities, you will be required to submit a background check.
- Official background checks will include state and federal criminal record checks that include checks of central child abuse registries, and checks of sex offender registries. In addition, the state-licensing agency (Board of Registered Nursing) requires a second deeper criminal background check and fingerprinting when applicants apply for a license.
- While criminal history information is evaluated on a case by case basis, applicants should be aware of possible limitations on admissions or continuation in the Nursing program, placement opportunities, eventual jobs, career development, and professional licensing.

The following may impact your nursing career:

- If as an adult, you have been convicted of a misdemeanor, felony or DUI.

Review Process

If an applicant is qualified to be accepted to the program, his/her prior criminal history may result in a further review.

If you would like to discuss your circumstances or questions, please schedule an appointment with the Director of Nursing.

I certify that I have read and understand the above information.

Applicant Signature: _____

Date: _____

Clearly Print Name: _____