



BELMONT
COLLEGE

Nursing Program BCI/FBI Checks Student Agreement

My signature attests that I have received the below documents from the Ohio Board of Nursing:

- List of potentially disqualifying offenses
- Potentially disqualifying offense determination request

I understand that information contained in my state/federal background checks can impact my ability to enter/complete the nursing program and to be eligible for the licensing exam known as the NCLEX.

I agree to notify the Director of Nursing at Belmont College of any change in my legal status during the nursing program that may impact my ability to attend clinical experiences or my eligibility for the NCLEX exam. I understand that failure to report a change in my legal status may result in dismissal from the nursing program.

Students must notify the nursing program of any new disciplinary investigations/actions to any licenses or certifications such as STNA, LPN or paramedic credentials. Such events may result in removal from the nursing program.

Furthermore, I agree to notify the nursing program of any past/present employment issues with any healthcare facilities that would prevent my participation in clinical experiences.

I hereby authorize the nursing program and faculty to release a copy of my state and federal background checks to any clinical site(s) where I am assigned.

This signed statement will remain in effect for the duration of the nursing program.

Student's PRINTED Name _____

Student's Signature and Date _____