



SOUTH TEXAS COLLEGE

NURSING & ALLIED HEALTH DIVISION DISCLOSURE STATEMENT FORM

Name: _____ Student ID: A Program: _____

The following questions apply to adult and juvenile proceedings in any state or federal jurisdiction in this country or in any other country.

1. Yes No Have you ever been arrested for any offense (whether or not the case was Adjudicated)?
2. Yes No Have you ever pleaded guilty or nolo-contendre to any Class B or Class A misdemeanor?
3. Yes No Have you ever pleaded guilty or nolo-contendre to any felony offense?
4. Yes No Have you ever served a sentence of imprisonment or incarceration in any jail or prison?
5. Yes No Are you now or have you ever been on probation, deferred adjudication, pre-trial diversion or parole?
6. Yes No Do you have any pending criminal charges or unresolved arrests; excluding minor traffic violations, (driving under the influence of any drug or intoxicant is not a minor traffic violation)?
7. Yes No Do you have a juvenile record of arrests or convictions (some licensing authorities do include this)?
8. Yes No Have you ever had any license, certification, or registration revoked, suspended, or sanctioned by any local, state or federal agency; or have you ever been a party to any proceeding in which your license, certification, or registration was being revoked, suspended, or sanctioned, regardless of the outcome?
9. Yes No Have you ever been dismissed from a health professions program for other than academic deficiencies (safety, academic integrity, non-professional conduct or unsafe clinical practice are not an academic deficiency)?
10. Yes No Do you have a social security number? (Some licensing authorities require a social security number to take the licensure exam.)

These questions will be asked on the NCLEX Examination Application.

11. Yes No Are you currently the target or subject of a grand jury or governmental agency investigation?
12. Yes No Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
13. Yes No Within the past five (5) years, have you been addicted to and/or treated for the use of alcohol or any other drug?
14. Yes No Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If "YES" indicate the condition: [] schizophrenia and/or psychotic disorders, [] bipolar disorder, [] paranoid personality disorder, [] antisocial personality disorder, [] borderline personality disorder

If you answered "YES" to any of the questions from 1-14, except question 10, please meet with the NAH Clinical Compliance Specialist or Program Chair for the selected NAH program for which you are seeking admission or you are currently enrolled for, guidance and advisement regarding policy #3337 requirements concerning criminal histories.

I have been provided a copy of policy #3337, and I am aware of its requirements concerning criminal histories. I swear or affirm that the answers that I have provided herein are true and correct. I understand and acknowledge that I am under an affirmative duty to supplement or update my answers at any point in time when my answers would no longer be correct as stated. I further understand and acknowledge that if I have provided false answers it may constitute grounds for denying me admission to the program or for removing me from any NAH program.

Print Name

Signature

Date