

SELF-REPORTING REQUIREMENTS

***This form should only be used to self-report an incident or life event that could result in an update to a background check previously run by Northwood Tech. If you are not sure if you should self-report, please contact the program director listed below.**

I understand that my enrollment in required clinical experiences of the ADN program is conditioned upon a clearance following review of all required background checks including National, Wisconsin, and/or Minnesota.

I understand that from the time I submit all required background checks until I graduate from or drop the program, if I am charged with or convicted of a crime or a municipal ordinance violation of any type, before any court, or if I am investigated for any violation of a local, state, or federal law, I must report this to the Northwood Technical College Interim ADN Program Director within seven (7) school days. I understand and acknowledge that the result of the background check and any subsequent investigation, charge, or conviction may cause me to be barred or suspended from clinical programs. I also understand and acknowledge that this may delay or prevent my graduation from the program and eligibility for RN licensure. I am further informed and understand that my failure to report any required information will prevent enrollment in clinical courses and result in dismissal proceedings.

I understand that information from this form will be shared with clinical partners, and it is the prerogative of the clinical facility to refuse to allow a student to complete clinical experiences at their facility based on background check information, including new convictions listed below. I also understand that the clinical facility that I am attending may require me to complete a background check renewal based on the convictions listed on this self-reporting form. Finally, I am informed and understand that all background checks are obtained at the expense of the student.

I understand that a further background check will be conducted prior to my enrollment in any clinical course. I also understand that after the initial background check, Northwood Tech may conduct a new background inquiry at any time the Interim ADN Program Director has reason to believe that a further background check should be conducted. Finally, I am informed and understand that all background checks are obtained at the expense of the student.

Associate Dean of Nursing/ADN Program Director:

Lorraine Sacino Murphy, EdD, MSN, RN, CNE
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Print name: _____ Student ID: _____

City, County, and State of Violation: _____

Nature of the Violation: _____

Signature: _____ Date: _____
(typed signature is acceptable)