

FY24 (2023-24) Northwood Technical College  
Associate Degree-Nursing Program

## 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, as well as delay or prevent my receiving 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 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, Nursing/ADN Program Director:**

Lorraine Sacino Murphy, EdD, MSN, RN, CNE  
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Print name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Must be provided to process the BID)

City, County, and State of Violation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(typed signature is acceptable)

Copy to the student