

**Ball State University School of Nursing**  
**One Year Disclosure of Criminal Background**  
**Please read and be honest when completing disclosure.**

1. Name of Student (Print): \_\_\_\_\_
2. Maiden Name if Applicable (Print): \_\_\_\_\_
3. Enter All Other Names Used (Print): \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. List **all States** and **Counties** you have resided in for the last year (6/1/08 to current) and the **dates of residency** for each such State and County. (You are also required to include Delaware County, IN as a place of residence.)

State    County

**(Example: IN Delaware)**

Date by Years

**June 1<sup>st</sup>, 2008 to Present)**

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7. Have you ever been arrested or received a citation for any misdemeanor charges? (Circle) Yes / No
8. Have you ever been convicted of any misdemeanor charges? (Circle) Yes / No
9. Are there any current pending misdemeanor charges that have been filed against you? (Circle) Yes / No
10. Have you ever been arrested or received a citation for any felony charges? (Circle) Yes / No
11. Have you ever been convicted of any felony charges? (Circle) Yes / No
12. Are there any current pending felony charges that have been filed against you? (Circle) Yes / No
13. If you answered yes to any of the above questions, list all criminal arrests, citations and convictions you have received by year, as well as any current pending criminal charges that have been filed against you. State requirements of probation, deferral program or diversion program.

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14. If you answered “yes” to any questions above, when was the case dismissed? \_\_\_\_\_

a. **You are required to submit official document from court stating “case dismissed” with date of dismissal.**

15. I understand that providing false information regarding my criminal history, failing to disclose requested information regarding my criminal history, or not successfully passing any required criminal history check may result in a failure to be approved for required placement assignments, and as such may result in my inability to progress through the BSU School of Nursing programs, as such required placements are prerequisites to the completion of any School of Nursing degree. **I understand I must notify the Baccalaureate Program Director, CN 418, of any current charges.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_