

**SCHOOL OF NURSING ADMISSION/PROGRESSION REQUIREMENTS, HEALTH
CLEARANCE, BACKGROUND CHECKS**

RN to BS Track

My initials on each item and my signature on this document signify that I have read each item and that my questions have been answered to my satisfaction with regard to the requirement for me to follow the policies and procedures of the School of Nursing and agencies for clinical.

___ 1. I understand I must submit a completed Ball State University physical exam form to Ball State Health Center prior to the required date.

___ 2. I understand I must submit verification of Hepatitis B immunization or sign a waiver form prior to the required date.

___ 3. I understand I must provide evidence of tuberculosis testing on an annual basis while a student in the nursing program prior to the required date.

___ 4. I understand I must submit current documentation prior to the required date.

- RN licensure
- Standard Precautions training
- Professional CPR
- Health Insurance Portability and Accountability Act (HIPAA) training

___ 5. I understand I may be required to submit to and pay any costs required for criminal background checks, including state and federal checks, and a state sex and violent offender directory, if required by the clinical agencies. If my name is on the state's Sex and Violent Offender Directory, I will be immediately dropped from the nursing program.

___ 6. I understand the School of Nursing will check the Medicare/Medicaid Exclusion list. If my name is on the Medicare/Medicaid Exclusion list, I will be immediately dropped from the nursing program.

___ 7. I understand I must disclose in writing any convictions of any misdemeanors or felonies in Indiana or any other state to the School of Nursing prior to entry into the RN to BS nursing track. I understand that any conviction will be a factor used to determine if I will be admitted to the program. If I fail to disclose complete information regarding such convictions or make any misrepresentation with regard to this information, my admission may be denied, or if I have been admitted, I may be dropped from the nursing program once the information is discovered.

___ 8. I will maintain confidentiality of clients and organizations in which I work as a nursing student, including compliance with the Health Insurance Portability and Accountability Act (HIPAA), and will abide by the policies and procedures of such patients and organizations regarding the privacy and security of patient and organizational information.

___ 9. I understand that failure to comply with the above School of Nursing requirements, health clearance, and background checks may result in being dropped from a nursing course.

Print Name

Signature

Date