

**INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE**  
**COLLEGE OF HEALTH AND HUMAN SERVICES**  
**DEPARTMENT OF NURSING**

ANNUAL PERSONAL DISCLOSURE  
FOR STUDENTS

Date Submitted: \_\_\_\_\_

Student's Name printed: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Upon admission the Department of Nursing, students have completed the required background checks using either Certified Background or Student Check. These background companies included checks of driving record, background and OIG/GSA/SDN.

However, now clinical agencies are requiring that all students respond to the following questions on an annual basis. Failure to provide accurate truthful responses will subject student to possible removal from clinical experiences. Affirmative responses/ violations will be forwarded to the clinical agency representative for review.

Have you (the student) pleaded guilty, "no contest" or been convicted of a crime or violated parole since the date background reports were first submitted at the beginning of your clinicals?

YES \_\_\_ NO \_\_\_

If YES, name the crime or parole violation, the name of the court and any sentence or punishment. (A "YES" answer is not an automatic bar to continued clinicals but must be reviewed.)