

**Criminal Background Minor Statement
School of Nursing & Health Professions**

Instructions: Please provide the date, applicant's full legal name, applicant's signature and a parent or guardian's signature. Place an "X" in the space in front of the statements if they correctly describe your status. If these statements do not identify your status provide the relevant information. Finally, identify the program to which you are applying.

Date: _____

I, _____:
(Print applicant's full legal name)

___ have not been convicted of, found guilty of, pled guilty to, pled no contest to, entered any pleas, received treatment or intervention in lieu of conviction or received diversion for any crimes. (This includes crimes that have been expunged.)

___ have not entered into an agreement of any kind, whether oral or written in lieu of or in order to avoid any legal action.

If the above statements are not correct for this applicant please provide information in the space below or on a separate document to explain the circumstances and the applicant's legal standing.

Applicant's signature

Parent or guardian's signature

Program to which you are applying:

___ Bachelor of Science in Nursing

___ Radiologic Technology

___ Respiratory Care

___ Bachelor of Health Sciences