

**NEOSHO COUNTY COMMUNITY COLLEGE  
MARY GRIMES SCHOOL OF NURSING**

***Background Check Review/Release Form***

I am aware and understand that I have consented to an admissions background check which among other things will search for any history of misdemeanor and/or felony convictions. NCCC is under no obligation to reveal the results of the background check to me unless I request a copy of it in writing.

I understand that convictions of misdemeanors and felonies, existing or future, can have the following impact on my future in nursing:

1. Any clinical facility can refuse to allow me to practice at their institution. Clinical practice experiences are required to meet the learning objectives of the nursing program. **A clinical agency's refusal to allow me to practice would result in my inability to successfully complete the requirements of the nursing program and would result in automatic dismissal from the nursing program.**
2. The Kansas State Board of Nursing will require official copies of court documents associated with the misdemeanor and/or felony to be submitted with my application to take the NCLEX examination. My application will go before a review panel, which can result in a lengthy approval process. The state board of nursing can refuse to allow me to take the state board examination despite my successful completion of the nursing program.
3. NCCC may refuse my application to be admitted to the Mary Grimes School of Nursing or may dismiss me from the program if a history of misdemeanor and/or felony conviction(s) is discovered. NCCC makes no warranty or representation concerning my ability to take the State Board examination if I am allowed to complete the nursing program. I assume all risk and release NCCC from all liability in the event I successfully complete the nursing program but am not allowed to take the State Board examination due to a criminal conviction history.

This statement is not exclusive to "criminal offenses" and may include additional offenses as determined by clinical facilities and the state boards of nursing. The Director of Nursing or designee must disclose findings of the background check if requested by the clinical facilities at which the student is assigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name