



INDIANA UNIVERSITY  
FORT WAYNE  
SCHOOL OF NURSING

**Annual Personal Disclosure  
For Students**

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

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

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

Upon admission the School of Nursing, students have completed the required background checks. These background checks included driving record, background, and Office of Inspector General (OIG) U.S. Department of Health & Human Services/General Services Administration (GSA) Excluded Parties List/ Specially Designated Nationals (SDN) List.

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.)