

**UNIVERSITY OF RHODE ISLAND
COLLEGE OF NURSING**

CRIMINAL BACKGROUND CHECK POLICY

It is the policy of the College of Nursing that, as a prerequisite to each student's participation in any clinical nursing experience, the College will cause a criminal background check of each student to be made by one or more agencies, which perform criminal background checks. In Rhode Island and other states, criminal records of adults are public information and may be disclosed to any party by law enforcement agencies and courts. Accordingly, the student's consent is not required.

If a student's criminal background check discloses a conviction of any one or more of the following crimes, the student will be disqualified from clinical nursing experiences in the College of Nursing which involve contact with patients or residents: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty years of age or older, assault with intent to commit certain specified felonies (including murder, robbery, rape and burglary, felony assault, patient abuse, neglect or mistreatment of patients, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.)

You should also be aware that a) hospitals and other agencies with whom you will have a clinical experience or with whom you may seek employment in the future may also undertake similar criminal background checks and (b) conviction of certain felonies may render an applicant ineligible for licensure as a registered nurse in Rhode Island and other states.

If you anticipate an issue arising from your criminal background check or if you have any questions, please contact the Director of Undergraduate Studies, Dr. Paula Viau.

I have read and understand the foregoing and certify, under the pains and penalties of perjury, that the information as set forth below is true and correct.

Date:	_____
Full Name (print)	_____
	(include middle name)
Any former names:	_____
Gender:	_____
Social Security #	_____
Date of Birth:	_____
List all states in which you have lived since age 18	_____

