

University of Rhode Island • College of Nursing
CRIMINAL BACKGROUND CHECK
CONSENT AND DISCLAIMER FORM

Full Name (print) _____ <small>(include middle name)</small>	Social Security # _____
Date of Birth _____	Gender _____
Former Names _____	
List All States You Have Lived in Since Age 18: _____ _____	

As part of the nursing clinical experience, I have been advised that under Rhode Island law, I am required to undergo a criminal background check where that experience involves routine contact with patients or residents. I hereby direct and authorize the Bureau of Criminal Identification (BCI) and the National Crime Information Center (NCIC) of the Department of the Attorney General for the State of Rhode Island, to make available to URI-CON, any criminal record that BCI and/or NCIC has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description arising from any release of criminal records and request therefrom, whatsoever against the State of Rhode Island, BCI, NCIC, the Attorney General's Office, URI-CON in both law and equity which I may now have or in the future may have.

I understand that if the information produced by a criminal record review indicates I have been found guilty of one or more of the following crimes, I will be disqualified from clinical experiences in the College of Nursing: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.

I give the College of Nursing of the University of Rhode Island permission to release the results of this criminal background check to clinical agencies that require this information

Date

Signature of Applicant

Date

Witness

CRIMINAL BACKGROUND CHECK

State law specifies that an applicant who has been convicted of a felony may not be eligible for licensure as an RN by the Rhode Island State Board of Nursing Registration and Nursing Education. In addition, many clinical agencies require criminal background checks of employees and students prior to any contact with clients. This form should be witnessed by your advisor and will be processed by campus security. In addition, fingerprinting may be required by specific agencies.