

**UNIVERSITY OF NEBRASKA MEDICAL CENTER  
DISCLOSURE STATEMENT**

Completion of this form is a formal part of the admittance process. A positive response to any of the questions below will not necessarily result in denial of admission. Information on this form will be available ONLY to the Associate Dean or his/her designee for evaluation of your suitability for full admission. This information is strictly **CONFIDENTIAL**.

Please check all that apply:

**I am a current or new student in the Bachelor's Program**  **Graduate Program**  **Semester/Year:** \_\_\_\_\_

**My College of Nursing campus is:**  **Kearney**  **Lincoln**  **Norfolk**  **Omaha**  **Scottsbluff**

1. Have you ever had a health care license canceled, limited, suspended, revoked or denied for any reason? YES NO
2. Have you ever been subject to proceedings by a licensing agency to cancel, limit, suspend or revoke a license for any reason? YES NO
3. Have you ever been convicted of any criminal offense (including misdemeanors and felonies) other than a minor traffic violation or been the defendant in a civil suit? YES NO
4. Are you currently using alcohol or a controlled substance(s) that would affect your ability to participate in, or prevent you from successfully completing, an academic program in a reasonable period of time? YES NO  
*(Please be aware that you may be subject to a drug screen before some agencies will allow clinical experiences.)*
5. Have you ever had any substantiated referrals for child or adult maltreatment that would be on file with the Nebraska Child or Adult Abuse/Neglect registry? *(You may be required to give authorization for a release of information for this registry.)* YES NO
6. Have you been issued a dishonorable discharge from the US Military? YES NO

**\*FOR ANY YES RESPONSES TO THE ABOVE QUESTIONS, APPEND DETAILS ON A SEPARATE SHEET(S)**

In evaluating conviction records, the University of Nebraska Medical Center considers the following factors:

1. The relative relationship of the conviction to the program to which you are being considered for admission
2. Circumstances surrounding the conviction
3. The time interval from the conviction to submission of an application for admission.
4. Other relevant history
5. Degree of rehabilitation

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**Read this statement carefully:** I certify that the information contained in this University of Nebraska Medical Center College of Nursing disclosure is true to the best of my knowledge and belief. Because of the high ethical and professional standards to which nurses are held, the failure to provide pertinent information regarding an act or event, such as the ones outlined in this document, may result in revocation of my admission, or if admitted, dismissal from the College of Nursing, regardless of when discovered. I agree to promptly inform the College of Nursing of any changes in any matters covered herein, even if such changes occur after I have submitted my application or enrolled as a student. I grant permission to the University of Nebraska Medical Center College of Nursing to investigate my employment record, educational record, criminal record, and other records to verify the information I have provided throughout the application process and any additional information I have provided and release the University from any liability resulting from such investigation.

**If you understand the statement printed above, please complete the information below:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NUID Number

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Return this form to your primary campus