



## DEPARTMENT OF NURSING BACKGROUND CHECK WAIVER AGREEMENT

Background checks are required by the clinical sites before any nursing students are allowed to provide care to patients. Students must provide schools with information allowing the school (and clinical facilities as necessary) access to the background check. If the student's record is not clear, the student will be responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Clinical rotations are a mandatory part of nursing education; therefore the student will be ineligible to continue in a school of nursing.

**Background checks will minimally include the following:**

- ✓ Seven years history in the U.S.
- ✓ Three counties
- ✓ Address verification
- ✓ Two names (current legal and one other name)
- ✓ Social Security Number verification
- ✓ Sex offender search

I understand that, as a requirement for admissions to Concordia University Irvine Department of Nursing, I must submit to a background check. The findings of the background check will be provided to Concordia University Irvine Department of Nursing. I understand that if any adverse finding is found on the background check, I will be denied admission to Nursing program subject to an appeal hearing pursuant to Concordia University Irvine procedures. Adverse findings are described as follows:

- evidence of convictions involving drug abuse
- sex crimes
- child abuse
- sex offenders who are mentally compromised
- convictions of assault/battery, fraud or other offenses that may affect the safe practice of nursing

I, further understand, that I may be subject to additional background checks while enrolled in Concordia University Irvine Nursing Program. An adverse finding on a background check or refusal to submit to a background check may result in dismissal from the Concordia University Irvine Department of Nursing.

**BY SIGNING THIS DOCUMENT, I INDICATE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO CONCORDIA UNIVERSITY IRVINE DEPARTMENT OF NURSING BACKGROUND CHECK POLICY.**

**THIS DOCUMENT CONSTITUTES MY CONSENT FOR BACKGROUND CHECKS BY A CONCORDIA UNIVERSITY DESIGNATED SERVICE. IT ALSO CONSTITUTES CONSENT FOR THE SERVICE TO RELEASE THE RESULT OF MY BACKGROUND CHECK TO CONCORDIA UNIVERSITY IRVINE DEPARTMENT OF NURSING AND CLINICAL AGENCIES WHERE STUDENTS PRACTICE.**

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Applicant's Name (*please print*)

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Applicant's Signature

\_\_\_\_\_  
Date