

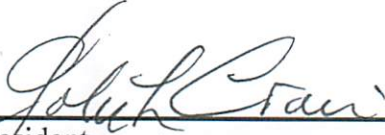


COLLEGE OF NURSING AND HEALTH SCIENCES


**Department of Health and Human Sciences
Department of Kinesiology and Health Studies
School of Nursing**

CRIMINAL BACKGROUND CHECK POLICY

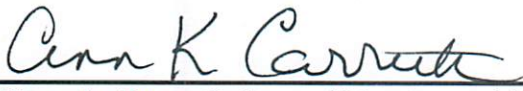
Approved: 2006
Revised: su 2015: Approved: 11/2015
Revised: March 11, 2018 Approved March 19, 2018



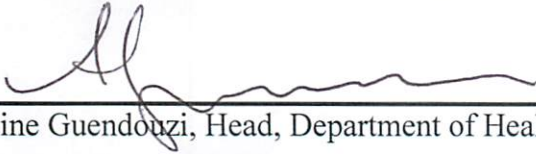
John Crain, President



Tena Golding, Provost and Vice President for Academic Affairs



Ann K. Carruth, Dean, College of Nursing and Health Sciences



Jacqueline Guendouzi, Head, Department of Health and Human Sciences



Eddie P. Hebert, Head, Department of Kinesiology and Health Studies



Eileen Creel, Head, School of Nursing

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INTRODUCTION

Southeastern Louisiana University's (the "College") College of Nursing and Health Sciences, in response to affiliation agreements and in support of patient/client safety and quality of care, has developed and approved this Criminal Background Check Protocol.

I. Purpose

This policy establishes procedures for conducting background checks for students and faculty who participate in education and clinical laboratory, practicum, internship or field experience course in all facilities utilized by the College.

The background checks will meet the requirements of our contractual agreement for students and faculty who participate in clinical or field experiences in all clinical or field facilities utilized by the College. In addition, the policy will provide for on-going self-disclosure by the students and faculty relative to criminal activity once admitted or employed respectively.

The Dean of the College will ensure compliance with the established policy through the Department Heads of the respective departments/schools.

II. Scope of Testing

A criminal background check will be conducted on all students admitted or readmitted to clinical practicum, internship and field experience courses and all faculty who teach clinical, practicum, internship or field experience courses. A criminal background check is a condition of the admission, or initial enrollment and/or continued enrollment, or of their employment or continued employment, as applicable.

University faculty and staff shall be held to this policy and the University's related policies as outlined in the *Southeastern Louisiana University Faculty Handbook* http://www2.southeastern.edu/documents/policies/faculty_handbook/ and in accordance with Human Resources Policies http://www.selu.edu/admin/hr/policies_procedures/policies/index.html

In addition, this policy provides for on-going self-disclosure by students and faculty relative to criminal activity once admitted or employed, as applicable (see **Statement of Criminal Background Status**, Appendix A).

The Dean of the College of Nursing and Health Sciences (the "Dean") will ensure compliance with the established policy through the Department Heads of the respective departments/schools.

III. Procedures

The University acknowledges that placement of each student at the Site may be contingent upon provision of a background check information dated less than two years prior to the commencement of the clinical education placement. The University uses Certified Background Checks (www.certifiedbackground.com) as the vendor that provides the background checks. This may be subject to change. The background check consists of the following screens: (a) U.S. County Criminal, (b) Residency History, (c) Social Security Verification: (a) U.S. County Criminal, (b) Residency History, (c) Social Security Verification, (d) Nationwide Sexual Offender Index, (e) Nationwide Healthcare Fraud and Abuse Scan and (f) U.S. Patriot Act.

Individuals to whom this policy applies must sign a **Certified Background Release Form** (see Appendix B₁) and an **Application for Placement for Clinical Training or Education at an Outside Institution or Clinical Facility** (see Appendix B₂) authorizing the College to have a criminal background check performed by an approved agency to conduct such checks. Such individuals must also sign an **Applicant Statement of Authorization and Release** (Appendix B₃) for the College to disclose the results of the background check to the clinical or field facility(ies) at which the individual will participate in the clinical/practicum/internship training course and **Release of Background Check and Health Information** (Appendix B₄).

Omission of required information, or false or misleading information, provided by applicant or in any other communication with the University or its Colleges may result in disciplinary action.

As part of the criminal background check, the College will review its records, if any, with respect to the individuals to whom this policy applies, including without limit academic, discipline, employment and campus police records, in order to identify any matters of concern which the College may deem unfavorable.

IV. Vendor Providing Criminal Background Check

A vendor approved by the College will conduct the background checks.

V. Requirements of the Hospital Corporation of America (HCA) Criminal Background Check

All students and faculty will have a Level I background investigation, and depending on an individual's responsibilities, he/she **may also** have a Level II and/or Level III background investigation as described below:

Level I

Country Criminal Search, Current, Maiden & Alias Names

- ❖ Nationwide Healthcare Fraud & Abuse Scan (OIG/GSA/HHS/EPLS)
- ❖ Nationwide Criminal Database with Sex Offender Index Search
- ❖ US Patriot Act (OFAC/SDN)
- ❖ 3 Employment Verifications (covers 7 years)

- ❖ Education Verification
- ❖ Social Security Alert
- ❖ **Residence History Trace** (see Appendix C₁)

Level II (All professionals, including caregivers, as well as finance personnel, and department managers) – Level I and

- ❖ Education Verification (highest level)
- ❖ Professional License Verification
- ❖ Certification & Designations Check
- ❖ Professional Disciplinary Action Search
- ❖ Department of Motor Vehicle Driving history
- ❖ Consumer Credit Report

Level III (All senior level management) – Levels I and II and

- ❖ Consumer Credit Report
- ❖ Newspaper Articles & Clippings
- ❖ Bankruptcy and Federal District Court Search

International Criminal Background Checks: All students who are not citizens of the United States or who do not possess a resident alien card are classified as international students and **MUST** complete the appropriate International Criminal Background Check AND the Level I check described above:

International Criminal Background Checks:

- ❖ **Information needed for International searches:**
- ❖ Type of search requested
- ❖ Full Name (Middle name or middle initial when available)
- ❖ Date of Birth
- ❖ Country to be searched
- ❖ Specific city/cities to be searched
- ❖ Mother's maiden name (Spanish speaking countries)
- ❖ Place of birth helpful for searches in Mexico
- ❖ **Singapore-** National identification number when available
- ❖ **South Africa-** National identification number when available
- ❖ **Colombia, South America-** National identification number when available
- ❖ **Japan-** National identification number when available
- ❖ **Germany-** Please provide signed release if available
- ❖ **Taiwan-** National ID number when available for Taiwanese nationals, Pass Port number when available for American citizens
- ❖ **Turkey-** Father's name when available

VI. Designated Recipient of the Criminal Background Check Results

A designated person in each department will retrieve the search results, and the results will be housed in each department. Access to the records will be restricted to authorized personnel.

VII. Unfavorable Results and Challenges to Unfavorable Results

If the criminal background check report reveals information of concern or an unfavorable report with respect to an individual to whom this policy applies, appropriate persons will forward the information to the Dean for review and actions. The College will require that the individual provide a detailed written description and explanation of the information contained in the report along with appropriate documentation, specifically police reports. This information must be returned to the College within 10 days of the date the communication is sent to the individual or another date specified by the College in its communication with the individual. The College may also independently seek to obtain additional information, such as a copy of the original criminal charge, in order to corroborate the individual's explanation. Information gained by criminal background check will be shared with health care facility as deemed necessary by an affiliation agreement and as necessary in clinical placement of students.

The College, acting through the Dean of the College and the respective Department Heads, with consultation with the University Office of the Provost and such others as the Dean shall deem advisable, will review the report and the individual's explanation, and will consider factors such as: the nature and seriousness of the matter of concern; if the matter of concern is a criminal offense, whether the offense is one included in the **List of Crimes and Misdemeanors Identified in La. R.S. §§40:1300.53** (see Appendix C₂); the circumstances under which the matter of concern occurred; the relationship between the duties to be performed as part of the educational program and the matter of concern; the age of the individual at the time of occurrence of the matter of concern; the length of time that has passed since the occurrence of the matter of concern; past employment and history of academic or disciplinary misconduct; evidence of successful rehabilitation (if applicable); and the accuracy of the information provided by the individual to the University in connection with this policy.

If the University deems the background check information unfavorable, or if the information received indicates that the individual is in any way unable to meet the requirements for completion of the program **the department head will counsel the student of the impact on his or her ability to progress in the program in which they are enrolled and to secure professional licensure/certification in the field** (see Appendix D). Enrollment in clinical/practicum/internship/field courses is contingent on complete information, including unresolved criminal charges in the background check or failure by the individual to provide additional documentation as required.

Individuals with unfavorable results will be advised of the name and address of the reporting agency that furnished the report, and of the right to dispute the accuracy or completeness of any information contained in the report by contacting the reporting agency directly.

Availability and appropriateness for a student to participate in a clinical laboratory, practicum, internship or field experience course as required by the educational program in which the student is enrolled will be determined between the College and the agency (Appendix E). In the event no agency accepts the student, he/she will be advised that he/she may not be able to fulfill the essential functions of the program.

Criminal background check reports will be maintained securely, confidentially and separately from an admission file or a student's academic file in the respective Department Head's office. Criminal background checks of faculty members will be maintained in a separate file and maintained in the student's respective office or faculty's personnel file. Criminal background check reports must be maintained for a period of at least five years after the student, faculty member graduates, terminates enrollment, or terminates employment, respectively.

Individuals to whom this policy applies **will complete a form on an annual basis attesting** to the fact that his or her background and criminal history have not changed since the initial background check described herein. (see Appendix A).

Statements relative to the criminal background check requirement will be placed in the University Catalogue in the description of the respective departments and in other pertinent materials. For faculty, it will be placed in the employment application materials.

VIII. Financial Obligation

The student will be responsible for directly paying the agency for the criminal background check(s) including domestic and international searches, as appropriate. The University will cover the cost for a faculty's criminal background check.

IX. Statement of Confidentiality

An unfavorable search will be reported to the appropriate health care facility personnel for clinical placement purposes. Unfavorable results will be released to appropriate licensing agencies on a need to know basis.

Background check reports will be maintained securely, confidentially and separately from an admission file or a student's academic file in respective Department Head's office. Background checks of faculty members will be maintained in separate files. Background check reports must be maintained for a period of at least five years after the student, faculty member graduates, terminated enrollment, or terminates employment, respectively.

X. Challenging an Unfavorable Search

The individual will be advised of the name and address of the reporting agency and of the right to dispute the accuracy to any information directly with the background check agency.

XI. Annual Reporting

Individuals to whom this policy applies will complete a form on an annual basis attesting to the fact that the background and criminal history have not changed since the initial background check.

Date Approved:

Last Date Revised: 7/21/2015

Last Date Revised: 3/11/2018



College of Nursing and Health Sciences

**Department of Health and Human Sciences
Department of Kinesiology and Health Studies
School of Nursing**

**APPENDIX A
Annual Statement of Criminal Background Status**

I, _____, **have had no** change in my background and criminal history since my initial background check.

I, _____, **have had a change** in my background and criminal history since my initial background check.

If you have had a change in your status, please explain and attach appropriate documentation of event(s) and actions taken:

I understand that any false statement or omission of information on this form may result in (i) my elimination from further consideration for placement for clinical/educational training, (ii) termination of any placement for clinical/educational training, and (iii) academic discipline by the College.

Signature: _____ W#: _____

Date: _____



College of Nursing and Health Sciences

APPENDIX B

Criminal Background Check Procedure

www.certifiedbackground.com

(888) 666-7788

1. Student/Faculty must sign three forms (Appendix B₁-B₄) authorizing criminal background check and release of information to the university and facilities utilized for clinical experiences. The names of the forms are:
 - B₁-Certified Background Release Form
 - B₂-Application for Placement for Clinical Training or Education In Outside Institution or Clinical Facility
 - B₃-Applicant Statement, Authorization and Release
 - B₄- Release of Background Check and Health Information

Keep these forms on file in department for at least 5 years.

2. Provide the [certifiedbackground.com](http://www.certifiedbackground.com) instruction sheet with correct package code to each student/faculty

Nursing	EL39
HHS	EO 71
KHS	EL22

3. The student/faculty will go to the site, www.certifiedbackground.com, and click on “applicants”, and then on “order now”.
4. The student/faculty will enter the package code in the package code box.
5. The student will select a method of payment. CertifiedBackground.com accepts Visa, MasterCard and money order. The University will cover costs for faculty searches.
6. The company provides a master user name and password to each department (nursing, HHS, and KHS) to check each student’s/faculty’s criminal background when process is completed. The responsible department personnel will go to www.certifiedbackground.com. Click on organizations >>retrieve results>>follow instructions putting in department’s user name and password. A master list of students will appear with status of search. If the search has been completed, you may click on the student’s name and the background report will come up. You may print the report or forward it an institution. At the end of each semester, you can click a box next to the student’s name to archive the report.

7. The results will be available in 48-72 hours. International students' searches will take longer than domestic searches, and the length of time for search results to be available is unique to each country. Each department should decide on a deadline date for each group of students.
8. If the background check reveals unfavorable results, the university will provide such individual a copy of the report, requiring the student/faculty to provide a detailed written description and explanation of the information contained in the report along with appropriate documentation, specifically police reports. This information must be returned within 10 days of the date the communication is sent to the student or another date specified by the college in its communication with the student.
9. Unfavorable information from the search may be shared with the health care facility as deemed necessary by the contractual agreement and as necessary in clinical placement of students.
10. The University acting through the Dean of the College of Nursing and Health Sciences will consult the University Office of the Provost and any others that the Dean shall deem advisable to review the report and the individual's explanation.
11. If an enrolled student or faculty member is subject to adverse action based on information from the background search, the individual will be advised of the name and address of the reporting agency and of the right to dispute the accuracy of any information directly with the reporting agency.
12. Based on the decision of the affiliated health care agency and the University, the individual will be advised that he/she may not be able to fulfill the essential functions of the program.
13. Individuals to whom this policy applies will complete a form on an annual basis attesting to the fact that the background and criminal history have not changed since the initial background check. (Appendix A).
14. Students required to complete clinical/educational courses must submit a Verification of Student's Acceptance at Clinical/Educational Site (see Appendix E) prior to beginning each clinical/educational placement.

APPENDIX B₁



CertifiedBackground.com

Certified Background Release Form

I hereby authorize all individuals, educational institutions and organizations named or referred to in my application and any law enforcement organization to release all information relative to such verification. Furthermore I hereby release such individuals, organizations and Castle Branch, Inc. from any and all liability for any claim or damage resulting therefrom. I, my heirs, assigns and legal representatives, hereby release and fully discharge Castle Branch, Inc., and affiliated companies and any division of Castle Branch, Inc. and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

PLEASE PRINT CLEARLY IN INK. ILLEGIBLE FORMS WILL DELAY YOUR RESULTS.

Full Name: _____

School/Institution: _____

Department: _____

Package Code (REQUIRED): _____

Signature: _____ Date: _____

Please Fax to (910) 343-9731

All reports will be kept strictly confidential. The Organization agrees to comply with any applicable state requirements and agrees to hold Castle Branch, Inc. harmless from and against any expense or damages resulting from the publishing of reports.

www.certifiedbackground.com

Phone: (888) 666-7788

Fax: (910) 343-9731

info@certifiedbackground.com



College of Nursing and Health Sciences

APPENDIX B₂
Application for Placement for Clinical Training or Education
At an Outside Institution or Clinical Facility

Important – please read the following and initial that you have read:

As part of the application process, you will be required to agree to a background check involving employment, professional certifications and licensure, membership in professional organizations, personal references and public records (including criminal history records). The background check will not involve your credit history. At the end of this form, you will be required to sign an authorization and release.

General Student/Faculty Information:

Name: _____ W# _____
(Last) (First) (M.I.)

Address: _____ Driver's License No.: _____
(Number and Street) State No. Exp. Date

_____ Date of Birth: _____
(City, State, Zip Code)

Phone: _____

Other names used in connection with employment or education: _____
(for reference purposes)

Do you have the legal right to live and work in the U.S.? _____ Visa #, if applicable: _____

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? (Include convictions that have been sealed, expunged or legally eradicated; and a misdemeanor conviction for which probation was completed or otherwise discharged and the case was dismissed.)

Yes: _____ No: _____

Answering “Yes” to the foregoing question does not constitute an automatic bar to placement for clinical training, unless an outside clinical training facility requires otherwise. Factors such as the nature, date and circumstances of the offense, as well as professional standards of persons working in clinical settings similar to that applied for, will be taken into consideration.

If yes, briefly describe the nature of the crime(s), the date and place of conviction(s), and the legal disposition of the case(s): _____



College of Nursing and Health Sciences

**APPENDIX B₃
Applicant Statement, Authorization, and Release**

I, the undersigned student enrolled in the College of Nursing and Health Sciences at Southeastern Louisiana University (the “College”), am applying through the College for placement in a clinical training program at clinical/educational facilities (the “Facilities”).

I expressly acknowledge and agree that admission to the clinical training program is provisional until the processing and approval of this Application and the information disclosed thereby is complete.

I certify to the College and to each of the Facilities that the information contained in this application form is true, complete and correct. I understand that any false statement or omission of information on my application form may result in (i) my elimination from further consideration for placement for clinical training, (ii) termination of any placement for clinical training made based on this application form, and (iii) academic discipline by the College. I further understand that this application form is not intended to be a guaranty of placement for clinical training by the College or any of the Facilities.

I expressly authorize, without reservation, the College and each of the Facilities, and their respective representatives, employees and agents, to contact and obtain information from all professional organizations, employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application (provided, however, that this authorization does not extend to a credit history check).^{*} The foregoing authorization includes, without limitation, authority of the College to (a) release information gathered in the course of the background check to the Facilities identified above for purposes of consideration of my application for clinical training; (b) make discretionary determinations of my eligibility or disqualification for placement for clinical training at any of the Facilities based on matters disclosed by the background check; and (c) acting in its sole and absolute discretion, determine not to forward my application to one or more Facilities based on matters disclosed in the background check.

I hereby waive and release any and all claims I may have regarding the College, the Facilities, any person, corporation or organization, and their respective representatives, employees and agents, for seeking, furnishing, gathering and/or using truthful or non-defamatory information in a lawful manner for the purposes described in this application form. This release includes, without limitation, claims based on the College’s or any Facility’s discretionary determination to deny your application for placement based on matters disclosed by the background check, and claims based on the College’s release of information gathered or received by the College in the course of the background check to any of the Facilities.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT, AUTHORIZATION AND RELEASE.

Signature of Applicant: _____ W#: _____ Date: _____

^{*} See additional disclosure and authorization form attached.



College of Nursing and Health Sciences

**Department of Health and Human Sciences
Department of Kinesiology and Health Studies
School of Nursing**

**APPENDIX B₄
Release of Background Check and Health Information**

As a condition of serving a clinical/educational internship or practicum at _____, I, _____, hereby authorize Southeastern Louisiana University and the College of Nursing and Health Sciences, or their agents, to obtain, review and share with clinical/educational agencies to which I am assigned the results of all background checks and health compliance requirements.

It is my understanding the information being obtained and shared will not be used in violation of any federal or state equal opportunity law or regulation.

I hereby fully release Southeastern Louisiana University and the College of Nursing and Health Sciences, and any and all of its employees, directors, agents, successors and assigns, and all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any subsequent investigation(s) of my background.

Signature

Date

W# _____

Witness Signature

Date

APPENDIX C1

County Criminal Search, Current, Maiden and Alias Names

Nationwide Criminal Database w/ Sex Offender Index

The Nationwide Database searches a proprietary database containing over 200 million records from multiple jurisdictions and sources. Sources include state court repositories, departments of correction, county courts and/ or other state level agencies, as well as sex and violent offender records from the 50 states.

Residency History Search

A residency history search provides a detailed account of an applicant's prior addresses and establishes a road map of where to search for an applicant's criminal history.

County Criminal Records

County criminal records are the most accurate and up-to-date criminal records on file and include misdemeanor, felony and pending charges.

Social Security Verifications

Confirming an applicant's true identity and legal employment status is of vital importance via social security verification.

Nationwide Healthcare Fraud & Abuse Scan

The Nationwide Healthcare Fraud & Abuse scan conducts a search of sanction information taken by the Office of Inspector General (OIG), the General Services Administration (GSA) and other federal agencies. The information meets the government's minimum requirements for sanction screening as set forth in the OIG's Compliance Program Guidance. Additionally, this search reveals disciplinary actions taken by federal agencies as well as those taken by licensing and certification agencies in all 50 states.

Searches included with the Nationwide Healthcare Fraud & Abuse Scan:

- Medicare & Medicaid Sanctioned, Excluded Individuals
- Office of Research Integrity (ORI)
- Office of Regulatory Affairs (ORA)
- FDA Debarment Check
- State Exclusion List
- Office of Inspector General (OIG)
- List of Excluded Individuals/Entities - General Services Administration (GSA)
- Excluded Parties List System (EPLS)
- US Department of Health & Human Services (HHS)

USA Patriot Act Search

The recently signed Patriot Act requires financial institutions to match their new and existing customers against the Office of Foreign Control (OFAC) list of suspected terrorists entities and individuals as well as other watch lists.

USA Patriot Act Search Includes:

- Terrorism Sanction Regulations
- Office of Foreign Asset Control (OFAC)
- List of Specially Designated Nationals (SDN)
- U.S. Treasury

Verifications

Verifications confirm the legitimacy and details of an applicant's previous employment, reference, education and professional licenses.

APPENDIX C₂

List of Crimes and Misdemeanors Identified in La.R.S. §§40:1300.53

Solicitation for murder
First-degree murder
Second-degree murder
Manslaughter
Aggravated battery
Second-degree battery
Aggravated assault
Mingling harmful substances
Aggravated rape
Forcible rape
Simple rape
Sexual battery
Second-degree sexual battery
Intentional exposure to AIDS virus
Aggravated kidnapping
Second degree kidnapping
Simple kidnapping
Aggravated arson
Aggravated criminal damage to property
Aggravated burglary
Armed robbery
First-degree robbery
Simple robbery
Purse snatching
Extortion
Assault by drive-by shooting
Aggravated crime against nature
Carjacking
Illegal use of weapons or dangerous instrumentalities
Terrorism
Aggravated second-degree battery
Aggravated assault upon a peace officer with a firearm
Aggravated assault with a firearm
Armed robbery with a firearm
Second-degree robbery
Disarming of a peace officer
Stalking
Second-degree cruelty to juveniles
Aggravated flight from an officer
Simple battery
Assault
Simple assault
Rape
Oral sexual battery

Simple arson
Simple arson of a religious building
Arson with intent to defraud
Placing combustible materials
Communicating of false information of planned arson
Manufacture and possession of delayed action incendiary devices
Manufacture and possession of a bomb
Incest, child desertion, obscenity
Felony carnal knowledge of a juvenile
Misdemeanor carnal knowledge of a juvenile
Indecent behavior with juveniles
Pornography involving juveniles
Molestation of a juvenile
Prostitution
Prostitution involving persons under seventeen
Soliciting for prostitutes
Inciting prostitution
Promoting prostitution
Prostitution by massage
Enticing persons into prostitution
Crime against nature
Cruelty to juveniles
Cruelty to the infirmed
Exploitation of the infirmed
Sexual battery of the infirmed
Cruelty to animals, simple and aggravated
Operation of places of prostitution
Sale of minor children
Distribution or possession with the intent to distribute controlled dangerous substances as listed in Schedules I through V of the Uniform Controlled Dangerous Substances Act.
Aggravated criminal damage to property
Simple burglary
Simple burglary of a pharmacy
Simple burglary of an inhabited dwelling
Unauthorized entry of an inhabited dwelling
Criminal neglect of family
Criminal abandonment
Prohibited sexual conduct during massage
Pandering
Letting premises for prostitution
Letting premises for obscenity
Contributing to the delinquency of juveniles



College of Nursing and Health Sciences

**Department of Health and Human Sciences
Department of Kinesiology and Health Studies
School of Nursing
Appendix D**

Memorandum of Student Advisement and [INSERT PROGRAM NAME]

As a result of disclosure or discovery of a criminal conviction, I have been advised as to the potential impact on my ability to progress in the [INSERT PROGRAM NAME] degree program at Southeastern and to secure professional licensure/certification in the field.

Accordingly, I affirm my understanding as to the following:

A record of criminal conviction may prevent me from participating in required clinical or field-based study at some sites, such as, but not limited to, Pre K-12 schools and healthcare agencies/providers.

My inability to participate in clinical or field-based activities may preclude me from earning acceptable grades in courses that are required in the [INSERT PROGRAM NAME] degree program.

The inability to earn acceptable grades in required courses will preclude me from earning a graduate degree in [INSERT PROGRAM NAME] at Southeastern.

The inability to continue making satisfactory academic progress in a degree program may render me ineligible for Title IV financial aid.

I also understand that, should I somehow earn a degree in [INSERT PROGRAM NAME] a record of criminal conviction may prevent me from securing professional licensure/certification in the state of Louisiana.

Student (Print Name)

Dean/Dept. Head or Advisor

Student (Signature)

Date



College of Nursing and Health Sciences

**Department of Health and Human Sciences
Department of Kinesiology and Health Studies
School of Nursing**

**APPENDIX E
VERIFICATION OF STUDENT'S ACCEPTANCE AT CLINICAL/EDUCATIONAL
SITE**

This student, _____, is approved to begin
clinical/educational placement at, _____.
(Name of facility)

Printed Name of Facility's Authorized Representative

Signature of Facility's Authorized Representative

Date