

Covenant School of Nursing- EKG Monitor Technician Acknowledgment Form

Legal Name (print): _____
(last) (first) (middle) (maiden)

Other last names used: _____

Date of Birth _____ Social Security No. _____ - _____ - _____
(mm/dd/yyyy)

Criminal Background Check

I authorize Covenant School of Nursing to obtain a criminal background check as part of my admission process, understanding that Covenant School of Nursing – Monitor Technician Program will rely upon information it obtains. I understand that information reported through a criminal background check could be cause for non-admission to Covenant School of Nursing.

Legal Name (print) _____ Signature _____

Have you ever been convicted of a crime (please circle your answer, failure to accurately answer will result in denial of your admission to CSON)? YES or NO

Do you have any criminal charges pending (please circle your answer, failure to accurately answer will result in denial of your admission to CSON)? YES or NO

Functional and/or Learning Disabilities

I understand it is my responsibility to notify Covenant School of Nursing of any functional disabilities which might interfere with my learning and performance as a monitor technician student and necessitate special accommodations while in school. Furthermore, I understand that if I require special accommodations because of disability, I must request in writing such consideration and submit a current letter from an appropriate licensed professional describing the nature of the functional limitation and specific accommodations needed while a student at Covenant School of Nursing.

Legal Name (print) _____ Signature _____

Release and Hold Harmless

I hereby release from any liability all persons and entities who provide information concerning my competence, ethical conduct, character, and other information regarding my qualifications for admission to Covenant School of Nursing- Monitor Technician Program. I further fully release and forever discharge Covenant School of Nursing, Covenant Health System, and their servants, agents and employees for their use of and reliance upon any such information obtained and hereby indemnify and hold them harmless from any liability or loss whatsoever, including court costs, attorney's fees, expenses and payment of claims or judgments, which may result from their use of or reliance upon such information

Legal Name (print) _____ Signature _____

By signing below, I acknowledge that I have read and understand the CSON Nurse Aid Program application requirements.

Applicant Signature: _____ Date: _____