

Covenant School of Nursing- Acknowledgement Form

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

Other last names used: _____

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

The Texas Board of Nursing (BON) may require documentation regarding criminal convictions and/or information regarding substance abuse, mental health treatment, and any disability that might adversely affect the safe practice of professional nursing. Based on this information, the BON may deny licensure as a registered nurse if it sees this to be in the best interest of society. Contact the Admission Officer prior to applying if any of these concerns apply to you. Approval from the BON to sit for the registered nursing licensure often takes 6 to 12 months. Written approval from the BON to take the NCLEX-RN (licensing exam) must be on file before an applicant will be granted admission to Covenant School of Nursing. Failure to accurately answer below will result in denial of your admission to CSON.

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

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 will rely upon information it obtains. I understand that information reported through a criminal background check could require me to file a Petition for Declaratory Order with the Texas Board of Nursing. This could be cause for non-admission to Covenant School of Nursing. If a declaratory order is submitted, but no authorization letter from the Texas Board of Nursing is received by the applicant four-weeks before beginning the program this is cause for non-admission to Covenant School of Nursing. I also understand that if a report from a consumer reporting agency is the basis from an adverse action, I can be furnished a copy of the report and such additional information as may be required by the law. This authorization shall remain valid until Covenant School of Nursing receives written notice of revocation.

Legal Name (print) _____ Signature _____

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 nursing 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. 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 _____

Submit this form and required documentation to Covenant School of Nursing, 1919 Frankford Avenue, Lubbock, Texas, 79407

By signing below, I acknowledge that I have read and understand the CSON application requirements. If denied CSON admission, I must resubmit all required documentation and apply again to be reconsidered during the next application cycle and all required documentation must be submitted as well.

Applicant Signature: _____ Date: _____