



**Belmont University School of Nursing is obligated by contract to implement these processes to verify compliance with its affiliates for clinical participation.**

I understand that criminal background checks are a requirement for participating in clinical courses. I understand that based upon my criminal background check, the clinical affiliate may refuse my presence at their facility. If I cannot attend a clinical site, I understand that I may not be able to meet the requirements of the course, and therefore, may be unable to meet the graduation requirements for the nursing program. I release Belmont University School of Nursing and its agents and employees from any and all liability in connection with any exclusion that results from information contained in a background check.

\_\_\_\_\_ (Initial)

Any hospital, clinic, or similar medical treatment facility to which I am assigned may be required by the Joint Commission's policy to conduct an annual compliance audit of five percent (5%) or a minimum of thirty (30) background investigation files. I agree that, upon request from a hospital, clinic, or similar medical treatment facility to which I am assigned, Belmont University School of Nursing may provide the results of my background check, drug screen, and/or health records to be used with my permission for audit purposes only. I also authorize Belmont University School of Nursing to release such information as requested by the clinical affiliates or agencies.

\_\_\_\_\_ (Initial)

Further, I authorize Belmont University School of Nursing to request and gather information concerning my job performance as a registered nurse from future employers. I also authorize my employer to release information requested by Belmont University School of Nursing. I understand this is a requirement by the Committee on Accreditation for nursing as a part of the program's accreditation.

\_\_\_\_\_ (Initial)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness