



El Paso Community College Nursing Program Disclosure Form

_____ Student ID

_____ Semester: 1st 2nd 3rd 4th Transition _____ FALL SPRING SUMMER
(Program) (Year)

Last Name (Print): _____ First Name: _____

Middle Name: _____ Previous Name(s): _____

_____ (Address) (City) (State/Country) (Zip/Postal Code)

_____ (Personal E-Mail Address) () (Phone Number)

No ___ Yes ___ Have you ever attended any other Nursing Program in the past?

If yes, what is the Nursing Program name? _____

Location of the Program: _____
(City) (State)

Types of Nursing Program: LVN ___ RN ___ Years Attended: _____

No ___ Yes ___ Are your transcripts turned in from another Colleges or Universities?

Please answer the following questions. **(You must obtain clearance from ADN Coordinator if any of the following answers are mark “Yes”.)**

- No___ Yes___ A. been arrested and have a pending criminal charge?
- No___ Yes___ B. been convicted of a misdemeanor?
- No___ Yes___ C. been convicted of a felony?
- No___ Yes___ D. pled nolo contendere, no contest, or guilty?
- No___ Yes___ E. received deferred adjudication?
- No___ Yes___ F. been placed on community supervision or court-ordered probation?
- No___ Yes___ G. been sentenced to serve jail time, prison time, or court-ordered confinement?
- No___ Yes___ H. been granted pre-trial diversion?
- No___ Yes___ I. been cited or charged with any violation of the law?
- No___ Yes___ J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
- No___ Yes___ Are you currently the target or subject of a grand jury or governmental agency investigation?
- No___ Yes___ Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined censured, reprimanded or otherwise disciplined you?
- No___ Yes___ In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, Judgment, or ability to function in school or work?
- No___ Yes___ Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

As a student entering a Nursing Program, I understand that this information must be truthful and accurate. The information will be kept confidential.

I understand that if I have any questions regarding the information I am providing I may contact Dean Gail Meagher, 831-4530 or Pauline A. Ballesteros, ADN Program Coordinator, 831-4093, or pballes1@epcc.edu. Further, I understand that is a violation to submit a false statement to El Paso Community College; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

Name (Print)

Student ID

Signature

Date