



## 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](mailto: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.

\_\_\_\_\_  
Type Full Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You must obtain Signature clearance from ADN Coordinator or the Dean of Nursing if any Background answers are mark “Yes”.**

\_\_\_\_\_  
ADN Coordinator Signature Clearance

OR

\_\_\_\_\_  
Dean of Nursing Signature Clearance