



## Requirement to Disclose

The IU School of Medicine Health Professions Programs (IUSM HPP) require you to complete both this **Requirement to Disclose** and the attached **Student Disclosure** forms. Please complete, sign, and return both documents as explained in the application instructions.

While a criminal history is not an automatic barrier to final consideration for entry into one of our degree programs, each applicant's circumstances will be considered on a case by case basis. Applicants are advised that the School relies on third parties, such as hospitals and other health facilities, to provide clinical education and that a criminal history can affect the School's ability to find placement for students. IUSM HPP has no control over these third parties and the School makes no guarantee that it can place any student, with or without a criminal history. In addition to placement, certain criminal convictions may also have bearing on an individual's ability to obtain or maintain a professional license and/or employment, and applicants are advised to review these standards carefully.

Candor about the applicant's criminal history is highly important. Failure to disclose may result in the withdrawal of acceptance or, in the case of an accepted or matriculated student, dismissal from IUSM HPP. You are required to notify the Director of IUSM HPP on an annual basis, or more frequently, of any changes in your status.

### *Full Disclosure Requirement*

Applicants are required to disclose any convictions, pending criminal charges, probation/diversion, etc., in writing. You must report **anything** that may come up on a national background check. Complete this form to the best of your ability. If in doubt, disclose the charge. Your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure whether to disclose it, you must disclose the information.

\_\_\_\_\_ By adding my initials, I understand that, as part of my conditional admissions status, I must submit to and pay any costs required for criminal background checks. I understand that information obtained from a criminal history check may result in a failure to be approved for required clinical assignments, and as such may result in my inability to progress through my degree program.

\_\_\_\_\_ By adding my initials, I understand that, as part of my conditional admissions status, I must submit to and pay any costs assessed for any drug screen required by a clinical site that mandates such screens for its workforce, including trainees. I understand that information obtained from a drug screen may result in a failure to be approved for required clinical assignments, and as such may result in my inability to progress through my degree program.

\_\_\_\_\_ By adding my initials, I understand the IUSM HPP reserve the authority to determine my eligibility to be admitted to the program and/or to progress in the program.

### **Program(s) to which I am applying:**

- |                                       |                                       |                               |
|---------------------------------------|---------------------------------------|-------------------------------|
| _____ Clinical Laboratory Science, BS | _____ Medical Imaging Technology, BS  | _____ Radiation Therapy, BS   |
| _____ Cytotechnology, BS              | _____ Nuclear Medicine Technology, BS | _____ Radiography, AS         |
| _____ Histotechnology, Cert/AS        | _____ Paramedic Science, AS           | _____ Respiratory Therapy, BS |

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



# SCHOOL OF MEDICINE HEALTH PROFESSIONS AND PRE-DOCTORAL PROGRAMS

## Student Disclosure Form

Applicants and Conditional Admits to the Indiana University School of Medicine Health Professions Programs are required to disclose any convictions, charges, and/or probation/diversion.

Please read all information thoroughly and type or print legibly.

Student Name: \_\_\_\_\_ IU ID: \_\_\_\_\_  
Please list name as it appears on a US government document

Maiden Name (if Applicable): \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
Month Day Year

Email: \_\_\_\_\_

*If the answer to any of the questions below is "yes", please provide dates and details in the space provided below the question. Use additional sheets if necessary.*

Have you ever been convicted of any criminal offense? \_\_\_\_ Yes \_\_\_\_ No

Do you have any pending criminal charges filed against you? \_\_\_\_ Yes \_\_\_\_ No

Have you ever participated in a first offender, deferred adjudication, pretrial diversion, other probation program or arrangement where judgment or conviction has been withheld? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been terminated involuntarily (for cause) from any healthcare facility? \_\_\_\_ Yes \_\_\_\_ No

I understand that providing false or misleading information regarding my criminal history, failing to disclose the requested information, or not successfully passing any required criminal history check may result in the withdrawal of admission or, in the case of accepted or matriculated students, dismissal from the Indiana University School of Medicine Health Professions Programs.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

*Please Submit Both Pages*