

Howard Payne University
School of Nursing
Criminal Background Check Consent and Compliance Agreement

The emphasis on patient safety in healthcare organizations is a very high priority. The HPU School of Nursing is required to have documentation on file showing completion of criminal background checks on students prior to their entry into clinical agencies for the purposes of observing or providing patient care.

Please initial each statement below and sign this agreement.

_____ I consent to a criminal background check as part of the requirements for admission to the HPU nursing program, to comply with board of nursing requirements for licensure as a Registered Nurse, and to meet requirements of clinical agencies used for my training and education. I understand that this will require that my name, mailing address, social security number, and date of birth be sent to the Texas Board of Nursing. I also understand that I will be required to pay the current fee and provide my fingerprints via a computer scan at an IdentoGo by Morpho Trust Company.

_____ I agree to present the HPU School of Nursing with the original criminal background check notification card or letter as provided to me by the Texas Board of Nursing. I understand that this document must be provided by the due date stated in the acceptance letter that I may receive from the HPU School of Nursing in order for me to be unconditionally admitted to the program. I further understand that the HPU School of Nursing will retain the original or a copy or the original for my file.

_____ I agree to comply with and consent to any additional background's checks, which may include use of my fingerprints, which may be required by HPU clinical affiliates.

_____ I agree that the HPU School of Nursing may provide evidence, as provided to me by the Texas Board of Nursing, of my criminal background check for the purpose of securing and maintaining agreements with clinical sites and agencies necessary for my training and education in professional nursing.

Applicant Signature _____ Date _____

Applicant Printed Name _____

Please scan and email the completed form to klee@hputx.edu or mail the completed form.

**Note: Applicant please provide a stamped envelope addressed to the HPU School of Nursing, 1000 Fisk Street, Brownwood, TX 76801*

