

FY21(2020-21)
Wisconsin Indianhead Technical College
Nursing-Associate Degree Program

SELF-REPORTING REQUIREMENTS

I understand that my enrollment in required clinical experiences of the ADN program is conditioned upon a clearance following review of my WI Background Information Disclosure (BID) and/or MN Applicant Profile (AP) confirmation of the accuracy of the information through the Minnesota and Wisconsin Departments of Justice.

I understand that from the time I complete the BID and/or AP form until I graduate from or drop the program, if I am charged with or convicted of a crime or a municipal ordinance violation of any type, before any court, or if I am investigated for any violation of a local, state or federal law, I must report this to the Wisconsin Indianhead Technical College ADN Program Director within seven (7) school days. I understand and acknowledge that the result of the background check and any subsequent investigation, charge or conviction may cause me to be barred or suspended from clinical programs. I also understand and acknowledge that this may delay or prevent my graduation from the program, as well as delay or prevent my receiving licensure. I am further informed and understand that my failure to report any required information will prevent enrollment in clinical courses and result in dismissal proceedings.

I understand that a further background check will be conducted prior to my enrollment in any clinical course. I also understand that after the initial background check, WITC may conduct a new background inquiry at any time the ADN Program Director has reason to believe that a further background check should be conducted. Finally, I am informed and understand that all background checks are obtained at the expense of the student.

Associate Degree Nursing Program Director:

Kirsten Dieckman MSN RN
WITC Rice Lake Campus
1900 College Drive
Rice Lake WI 54868
800/243-9482, x5766
kirsten.dieckman@witc.edu

Print Name: _____

Social Security Number: _____ Student ID _____
(Must be provided to process the BID)

Signature: _____ Date: _____

Copy to the student