

# KENT STATE UNIVERSITY ASHTABULA

## ASSOCIATE DEGREE IN NURSING PROGRAM

Incoming students of the Associate Degree in Nursing Program must acknowledge the mandatory federal and civilian background checks that are administered with acceptance into the program. Following notification of acceptance, but prior to the beginning of the first clinical nursing course, students must submit documentation of these background checks. As a result of the federal and civilian background check, access may be denied to clinical facilities at anytime during the nursing program. A denial for clinical placement results in the inability to meet the program requirements.

If a student is unable to meet the requirements they cannot graduate from the Associate Degree in Nursing Program at Kent State University.

The federal and civilian background check must be completed and forwarded to the Ohio Board of Nursing (OBN) in order to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). It is imperative that students are honest in all applications and to the OBN. OBN rule of Ohio Revised Code 4723-5-12 states, "a student shall not submit or cause to be submitted any false, misleading or deceptive statements, information, or document to the nursing program, its faculty or preceptors, or to the OBN." The OBN is unable to give definitive answers regarding licensure prior to entry into or during participation in a nursing education program. The OBN does not have the authority to make a determination or adjudication until an application has been filed. In addition, the OBN is unable to advise, speculate, or give informal answers to the question of licensure prior to the time that the application is filed. Students must be aware that any "expunged" criminal offense is still displayed on their record and will be evident in the background checks.

If a student has a criminal history, the OBN conducts a thorough investigation of any grounds that may exist for licensure denial at the time that the application is filed. The OBN may consider whether the student has made restitution or been rehabilitated. However, the OBN's primary mission is protection of the public so the OBN must determine a student's risk to the public as a licensed nurse.

The OBN regulates the following crimes as automatic bars to licensure for applicants who entered a pre licensure education program on or after June 1, 2003:

AGGRAVATED MURDER	AGGRAVATED ROBBERY
MURDER	AGGRAVATED BURGLARY
VOLUNTARY MANSLAUGHTER	SEXUAL BATTERY
FELONIOUS ASSAULT	GROSS SEXUAL IMPOSITION
KIDNAPPING	AGGRAVATED ARSON
RAPE	

Further the OBN may propose to deny an application for the following:

ANY FELONY  
A CRIME INVOLVING GROSS IMMORALITY OR MORAL TURPITUDE  
A MISDEMEANOR DRUG LAW VIOLATION  
A MISDEMEANOR COMMITTED IN THE COURSE OF PRACTICE

All questions and concerns regarding the requirements of the Associate Degree Nursing program at Kent State Ashtabula should be directed to Julie Senita, Interim Associate Administrator, Nursing, at [jsenita@kent.edu](mailto:jsenita@kent.edu) or 440.964.4264.

Student Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Copy Received \_\_\_\_\_

**KSU Ashtabula ADN Program  
MEMORANDUM OF UNDERSTANDING**

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- \_\_\_\_\_ 1. I have received the Associate Degree in Nursing (ADN) program pamphlet and will review the policies and procedures. I understand the pamphlet may change and I will need to obtain a new copy of the pamphlet from the nursing office each year.
- \_\_\_\_\_ 2. I understand that if I have attended but did not complete another professional nursing program that I must submit a letter of recommendation from the director of that nursing program.
- \_\_\_\_\_ 3. My academic advisor has explained the minimum requirements for admission to the nursing program and how priority will be assigned to applicants. I am fully aware of the preferred prerequisite coursework and the sequencing of this coursework.
- \_\_\_\_\_ 4. My academic advisor has informed me, and I understand that while I selected to be in the Nursing Technology (NRST) major, I am NOT admitted to the ADN program.
- \_\_\_\_\_ 5. I understand that I must complete an application to the nursing program, which is a separate process from my application for admission to the University.
- \_\_\_\_\_ 6. I understand that I must submit an on-line application to the nursing program by February 1<sup>st</sup> (for fall semester) or October 1<sup>st</sup> (for spring semester) to be considered for admission.
- \_\_\_\_\_ 7. I acknowledge that regardless of the number of applicants, only a specified number of students will be admitted to the program twice a year. My application will be considered along with the pool of applicants for the spring/fall semester in which I have applied.
- \_\_\_\_\_ 8. I understand that as long as I am planning to pursue the nursing program, I will seek advisement from a pre-nursing advisor. I understand the importance of meeting regularly with my advisor. Appointments can be made by calling student services at 440-964-4217.
- \_\_\_\_\_ 9. I understand that admission to the nursing program will be selective and competitive. Even though I may successfully complete the minimum requirements, my advisor and the Director of Nursing are unable to guarantee my admittance into the nursing program.
- \_\_\_\_\_ 10. I understand that if I have any questions regarding the nursing program, my coursework, or transfer credits, I will consult with the pre-nursing advisor; if the advisor is unable to resolve the issue, I will seek advice from the Director of Nursing.
- \_\_\_\_\_ 11. I have received and reviewed the Associate Degree in Nursing Program Information sheet.

**My advisor has reviewed this information with me, and I understand and agree to each of these statements.**

Student Name (print) \_\_\_\_\_ Banner ID# \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_