

Creighton
UNIVERSITY
School of Pharmacy
and Health Professions

STUDENT ACKNOWLEDGEMENT

Student's Name: _____

1. **Background.** I acknowledge there was certain unfavorable information on my criminal background check which was conducted on _____ (the "Unfavorable Items") or that I was charged with a misdemeanor for _____ on _____. At the University's request, I provided an explanation for the Unfavorable Items. Creighton University has accepted me, and I have enrolled, in the Doctor of _____ program (the "Program").

2. **Possibility of Increased Monitoring.** By signing this form, I acknowledge that I have been informed and I understand and agree that because of the Unfavorable Items, I may be subject to increased monitoring by the Office of Academic and Student Affairs, during the course of my enrollment in the Program. The increased monitoring may include those requirements the Program feels are appropriate, which may include, but which are not limited to: (i) periodic meetings with individuals from the Office of Academic and Student Affairs; (ii) participating in appropriate education sessions; (iii) random screening, (iv) periodic requests for information from the Program or from the Office of Academic and Student Affairs, to which I will promptly respond, and other requirements designed to help me prevent a reoccurrence of the behavior that led to the Unfavorable Items being on my record. I will comply with any requirements which the Program communicates to me.

3. **Obligation to Inform Program of Subsequent Events.** I agree to notify the Program of any convictions, guilty pleas or no contest pleas to any crime, felony, misdemeanor or other offense which occurs during my enrollment in the Program (any such occurrence is called an "Offense"). I understand any such Offense may subject me to disciplinary action by the Program, with possible consequences up to and including dismissal from the Program. I also understand that if I fail to provide the Program with information about an Offense, such failure to report could subject me to disciplinary action by the Program, with possible consequences up to and including dismissal from the Program.

4. **Impact on Clinical Placements.** I also understand that the evidence of Unfavorable Items on my record may impact my clinical educational

placements and/or off-campus lab activities where patient care is involved, during the Program. I understand that a clinical site may ask the Program to disclose any Unfavorable Items to the site as a condition of my being able to participate in clinical education and the Program will disclose these Unfavorable Items. The clinical site has a right to refuse to accept me based upon the Unfavorable Items. I understand that because of the Unfavorable Items, I may not be given priority when the Program is determining my clinical educational placements.

5. **Possible Impact on My Ability to Graduate.** I understand that the Program may not be able to provide me with clinical learning opportunities across the continuum of care and lifespan if a site(s) refuses to allow me to participate based upon the Unfavorable Items. This could potentially result in my inability to meet the requirements for graduation or a potential delay in my graduation.

5. **Possible Impact on Licensure.** I understand that the Unfavorable Items may also impact my ability to become licensed in some states.

By signing below, I acknowledge that I understand all of the information in this Form. If I had any questions about any of the information above, I have gotten necessary clarification. Knowing all of the information, I still choose to remain as an enrolled student in the Program and I agree to comply with the requirements outlined above.

Student Signature

Date

University Representative Signature

Date