

## STUDENT POLICY VERIFICATION

**NOTE: The Student Policy Verification must be returned to the Loyola University New Orleans School of Nursing Office**

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**Student Printed Name (Please Print Clearly!)**

**Date**

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### Academic Honor Code of Loyola University

I have read and understand the Academic Honor Code of Loyola University New Orleans, and the consequences and procedures related to Academic Misconduct.

I pledge to uphold the Academic Honor Code for the duration of my enrollment at Loyola University New Orleans.

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**Student Signature**

**Date**

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### Student Handbook

I have read a copy of the current edition of the School of Nursing *Student Handbook*. I understand that this *Handbook* contains policies and procedures of the Program for which I am responsible. I understand that updates to the *Handbook* may be posted to the **Loyola University New Orleans School of Nursing website** and that I am responsible for obtaining the current version.

I understand that the *Student Handbook* is not intended to replace official University publications for students, which are:

1. The current *Loyola University New Orleans Graduate Bulletin*, which contains general academic regulations applicable to all graduate students;
2. The current *Loyola University Student Handbook*, which contains policies related to student affairs.

I further understand that the most current edition of this *Handbook* is maintained on the **School of Nursing website**.

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**Student Signature**

**Date**

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### Department Policy Regarding Registered Nurse Licensure Requirements

*Upon entering your program, each student must submit proof of a current, unencumbered, unrestricted and valid registered nurse license in the state in which they practice (and/or APRN license, if applicable). If, at any point during the program, a student's RN license (and/or APRN license, if applicable) becomes encumbered or restricted, the student is obligated to immediately inform the Director of the School of Nursing. Under no circumstances will a student with an encumbered or restricted license be permitted to enroll in a course with a practicum component. Failure to report an encumbered license to the Director will result in dismissal from the program.*

I have read and understand the above stated policy. I have a current unencumbered, unrestricted and valid registered nurse license in the state in which I practice. I understand that should my license become encumbered or restricted it is my obligation to immediately inform the School of Nursing.

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**Student Signature**

**Date**

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**Required Student Disclosures**

The below are a list of some of the questions included on the LSBN RN Licensure application. Please initial to indicate a response for each item below. Any change of status in regards to any of the questions below must be reported. A response of yes to any of the below statements may require submission of additional documentation and an explanation. Disclosure below does not replace disclosure to the LSBN and/or the board of nursing of the state in which you complete any clinical hours. Your signature below acknowledges that the below responses are accurate, you are aware of the LSBN requirements, and the requirements of the Board of Nursing of state in which you do any clinical hours.

- |            |           |   |
|------------|-----------|---|
| <b>YES</b> | <b>NO</b> | <ul style="list-style-type: none"> <li>• Have you ever been issued any of the following:           <ul style="list-style-type: none"> <li>○ a citation or summons for, and/or</li> <li>○ has/have warrant(s) been issued against you related to, and/or</li> <li>○ have you been arrested, charged with, arraigned, indicted, convicted of, and/or</li> <li>○ pled guilty/"no contest"/nolo contendere/"best interest" or any similar plea to, and/or</li> <li>○ been sentenced for any criminal offense, including all misdemeanors and felonies, in any state or jurisdiction?               <ul style="list-style-type: none"> <li>NOTE: Even though an arrest or conviction has been pardoned, expunged, dismissed, deferred, or diverted, and even if your civil rights have been restored, you must answer "Yes" and mail certified court documents of incident/arrest together with a signed letter of explanation.                   <ul style="list-style-type: none"> <li>▪ DWI arrest MUST be reported, regardless of final disposition.</li> <li>▪ Traffic violations such as speeding or parking tickets do NOT need to be reported</li> </ul> </li> </ul> </li> </ul> </li> </ul> |
| <b>YES</b> | <b>NO</b> | <ul style="list-style-type: none"> <li>• Have you had a license to practice nursing or as another health care provider denied, revoked, suspended, sanctioned, or otherwise restricted or limited, including voluntary surrender of license - including restrictions associated with participation in confidential alternatives to disciplinary programs? and/or<br/>           Have you had disciplinary action pending by a licensing board in any state or jurisdiction?</li> </ul>  |
| <b>YES</b> | <b>NO</b> | <ul style="list-style-type: none"> <li>• Have you been discharged from the military on ground(s) other than an honorable discharge?</li> </ul>  |
| <b>YES</b> | <b>NO</b> | <ul style="list-style-type: none"> <li>• Have you been named as a defendant in a civil/malpractice case relating to your practice of nursing? and/or<br/>           Has a medical review panel opinion been rendered relating to your practice of nursing? and/or<br/>           Have you been reported to the National Practitioner Data Bank? and/or<br/>           Have your clinical privileges been suspended, revoked, restricted or limited?</li> </ul>  |
| <b>YES</b> | <b>NO</b> | <ul style="list-style-type: none"> <li>• Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional or psychiatric condition that might affect your ability to safely practice as a registered nurse?</li> </ul>   |
| <b>YES</b> | <b>NO</b> | <ul style="list-style-type: none"> <li>• Have you had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs or alcohol? and/or<br/>           Have you been diagnosed as dependent upon, addicted to, or been treated for, dependence upon medications?</li> </ul>  |

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**Student Signature**

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**Date**