



Annual Disclosure Form

I _____ attest to the following (**select one**):

_____ I have not been charged with, or convicted of, a criminal offense nor have I become the subject of any criminal proceedings in any manner whatsoever.

_____ I have disclosed in writing to the Program Director any charges or convictions that I have been the subject of, and any instance in which I have been the subject of any criminal proceeding.

Furthermore, I attest that I am a student in good standing at Northeast Mississippi Community College. I understand that I must inform the Program Director in writing within 48 hours if at any time I am convicted/charged with a criminal offense, have become the subject of any criminal proceedings or if I am no longer considered a student in good standing at Northeast Mississippi Community College.

I understand agencies and clinical facilities may refuse my access to patients based on information obtained in my background screening reports or my status as a student at Northeast Mississippi Community College. The agencies and clinical facilities' criteria for students may differ from the criteria of NEMCC's Health Sciences Programs.

I release Northeast Mississippi Community College from any liability or damage in connection with the release of a criminal background check.

If at any time during the course of my participation in the health sciences program, I am either arrested, charged, or convicted, I must disclose such event to the Program Director in writing regardless of the nature or the seriousness of the offense for which I am arrested, charged, or convicted no later than 48 hours after such an event. Failure to do so may result in my dismissal from the program.

SIGNATURE: _____

(This document will be placed in your student file)

Printed Name _____

NEMCC ID: _____

Date _____