

**Southwest Virginia Community College (SWCC) Nursing Program
Student Statement of Criminal Background**

(To be completed by student and uploaded to CastleBranch, no later than July 15. This form must be submitted annually while continuously enrolled in the SWCC nursing program).

Academic Year: _____

Empl ID: _____

Name: _____

Mailing Address: _____

Cell Phone: _____

Home Phone: _____

VCCS Student Email: _____

Since the date of completion of your original background check for the SWCC Nursing Program has any portion of your background check changed or have you received any criminal convictions that are listed on the Virginia Barrier Crimes conviction list located at https://www.dhp.virginia.gov/nursing/nursing_guidelines.htm, article 90-55 under the heading, Licensure/Applicants.

_____ Yes _____ No

If your answer is yes, please contact the SWCC office at (276)964-7659 to schedule a meeting with the Program Head of the SWCC Nursing Program.

By my signature below, I verify that the information provided on this form is a true and accurate report of my criminal history.

Printed Name

Signature

Date