

Louisiana State Board of Nursing
17373 Perkins Road Baton Rouge, LA 70810
Phone: (225) 755-7500
www.lsbn.state.la.us

Clinical Nursing Student Disclosure Form

This disclosure form is **ONLY** to be completed by clinical nursing students that have previously been **previously approved** by LSBN and are **currently enrolled** in a clinical Nursing course.

Clinical Student Information (Print in Blue or Black Ink) (Information different from original application will be updated at LSBN)

Name: _____

LSBN Student number or Social Security Number: _____

Address: _____

Street and number

City/State/Zip Code

Phone: _____ DOB: _____ Email Address: _____

Name of Nursing Program Currently Enrolled: _____

Reason for Disclosure

Check the blank next to the reason(s) for this disclosure.

_____ I have been arrested, charged, arraigned, indicted, issued a summons or citation, or have had a warrant issued for my arrest. (This does NOT include traffic violations such as speeding or parking tickets.)

_____ My license to practice nursing or as another health care provider has been denied, revoked, suspended, sanctioned, or otherwise restricted or limited. This includes voluntary surrender of license and restrictions associated with participation in confidential alternatives to disciplinary programs.

_____ I have been discharged from the military on ground(s) other than an honorable discharge.

_____ I have been diagnosed with / have / or have had a medical, physical, mental, emotional or psychiatric condition that might affect my ability to safely practice as a Registered Nurse.

_____ I had / have a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol. I have been diagnosed as dependent upon/addicted to or treated for dependence upon medications.

Student Signature

Date

Dean/Director Signature

Date

Required Documentation

Disclosure of arrest, citation, summons, warrant, charges, indictment:

1. Student's detailed statement regarding the incident including date, names of arresting/citing agencies, and current status of any pending legal action.
2. CERTIFIED TRUE COPIES of the following:
 - Arrest/investigative report(s), citation, summons, warrants, indictments
 - All court minutes, judgments and sentencing, or court orders
 - Pretrial Intervention program agreements and letters of completion of all requirements
 - Release from probation, and other relevant records to show resolution of the case.

Disclosure of action taken against practice nursing or as another health care provider:

1. Student's detailed statement regarding the circumstances that lead to the action, the current status of the action, any other information relevant to the disclosure.
2. CERTIFIED TRUE COPIES of the following:
 - Other board actions
 - Letters of current standing of licensure

Disclosure of other than honorable military discharge:

1. Student's detailed statement regarding the circumstances that lead to the discharge and current status of any pending charges/preceding(s).
2. CERTIFIED TRUE COPIES of the following:
 - Military discharge documents
 - Documentation of the underlying action(s) that resulted in discharge

Disclosure of medical / physical / mental / emotional / psychiatric condition:

1. Student's detailed statement regarding the disclosed condition including the date that the condition was diagnosed and what treatment has been sought for the condition, and list all medications prescribed.
2. Have diagnosing and/or treating professional complete the Clinical Nursing Student Medical-Mental Condition Diagnostician / Treating Provider Form and include any medical/treatment records relevant to the disclosed condition.

Disclosure of dependence / addiction to mood-altering substances:

1. Student's detailed statement including a history of the dependence including substances used/abused, treatment, and current date of sobriety.
2. Enclose all substance abuse treatment records, documentation of sobriety, and letter(s) from any licensed professionals that are providing treatment relative to your dependence/addiction that can address your current status in recovery and ability to safely practice nursing.

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