



Legal Questions Supplemental Form for Graduate Nursing Program

Questions from South Dakota Board of Nursing Licensure Form

Please answer the following questions. If you answer “yes” to any of the questions, please provide a complete description of dates and circumstances on the last page of this application. In addition, supporting legal documents must be included with your application. (Clinical agencies and board of nursing require criminal background checks and information as a basis for practice and licensure.)

- A. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence (expungement) with respect to a felony, misdemeanor, or petty offense other than minor traffic violations? Yes No
- B. Is there any pending criminal prosecution against you which would constitute a felony? Yes No
- C. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you? Yes No
- D. Has any nursing license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? Yes No
- E. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity? Yes No
- F. Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership? Yes No
- G. Have you ever been treated for abuse or misuse of any alcohol or chemical substance? Yes No
- H. Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care? Yes No
- I. Do you currently owe child support arrearages in the amount of \$1,000 or more? Yes No

I understand that if I am convicted, plead no contest / nolo contendere, plead guilty to, or receive a deferred judgment or suspended imposition of sentence (expungement) for a felony or other criminal offense (excluding minor traffic violations) while in the nursing major, I will report the offense to the Associate Academic Dean for Graduate Nursing in the South Dakota State University College of Nursing.

I also hereby verify that all the information contained in this application document is accurate and truthful to the best of my knowledge.

Student Signature _____ Date _____



**SOUTH DAKOTA
STATE UNIVERSITY**
College of Nursing

Applicant Name _____

If you answered “yes” to any of the questions in section III please provide a complete description of dates and circumstances below. You must also submit copies of charges or citations and ALL communications with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must submit all supporting documents that are applicable with your application.

Student Signature _____ Date _____

Legal Questions Form and documentation must be uploaded to the NursingCAS application.