



Declaration of Fitness & Criminal Background Check

Most clinical and community facilities in Hawaii require a criminal background check of nursing students and faculty who are training or providing training in their facilities. The clinical and community facilities have the option to refuse training and provision of training access to any person who has been convicted of a penal offense substantially related to the qualifications, functions, or duties of a nurse.

The clinical and community facilities require verification through law enforcement agencies, information on offenses including felony and misdemeanor or violations for which incarceration is a sentencing option. Verification includes conducting Hawaii County and State and/or the United States Federal Bureau of Investigation criminal history check.

In addition, State Boards of Nursing throughout the United States have varying requirements concerning licensing nurses, including, among other things, requiring criminal background checks. In Hawaii, the particular statute is Hawaii Revised Statutes Section 457-12.

Individuals with concerns in any of these areas are encouraged to contact the specific clinical and community facility and or the nurse-licensing agency regarding the likelihood of problems with placement in the clinical and or community agency or obtaining a nursing license.

Your signature on this Declaration of Fitness is verification that you were notified of these legal requirements with the clinical and community agencies and facilities of Hawaii. It is also an acknowledgement that you were notified that the right to sit for or seek nursing licensure is not guaranteed if you are unable to meet all of the requirements of the State Board of Nursing where you plan or find yourself needing to seek nursing licensure. Signing this Declaration of Fitness does not disqualify you for being admitted into the College of Health and Society. However, failure to sign and complete this statement disqualifies you from training in Hawaii's clinical and community agencies and facilities.

Date _____

Signature _____

Print Name _____