



Student Statement of Criminal Background

(To be completed by student and uploaded to Viewpoint Screening no later than August 1. This form must be submitted annually while continuously enrolled in the VHCC 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 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://townhall.virginia.gov/L/GetFile.cfm?File=C:%5CTownHall%5Cdocroot%5CGuidanceDocs_Proposed%5C223%5CGDoc_DHP_4674_20201202.pdf

_____ Yes

_____ No

If your answer is yes, please contact the Nursing Office at (276) 739-2439 to schedule a meeting with the Coordinator of the Virginia Highlands Community College 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