



## CONDUCT CLEARANCE

**Student:** Please fill out the top portion of this form and attach a copy of your *notarized* Release & Waiver Form to it. Please fill out a separate form for each institution you have attended. Send the completed form with a stamped envelope addressed to the Dean of the School of Nursing to each institution you have attended.

**Institution:** The individual named below is applying for admission to the California Baptist University School of Nursing and has noted prior attendance at your institution during the dates below. This form is a key component in admissions requirements. Please assist us in assessing this individual by responding to the following inquiries.

**Note:** The person we are investigating has given written consent for this investigative inquiry, and a copy of the notarized Release & Waiver form is attached for your records.

**For Student to Complete:**

Name of Student: \_\_\_\_\_ ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date(s) of Attendance: \_\_\_\_\_

**For Institution to Complete:**

1. Has the student been disciplined by your institution for violating any disciplinary/honor/ethics code?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Are you aware of any incident or circumstance wherein the student exhibited dishonesty or breached a duty of trust?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any reason to believe that the student has been involved in the use of illegal substances or the abuse or excessive use of alcohol?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

4. Additional remarks: \_\_\_\_\_  
\_\_\_\_\_

5. Please check one:

- Recommended for admission
- Not recommended for admission
- Prefer to not make a recommendation
- Please telephone me

Please check one:

- I am well acquainted with the student
- I am moderately acquainted with the student
- I do not know the student

Information provided by: \_\_\_\_\_  
Printed Name

\_\_\_\_\_ Title \_\_\_\_\_ Signature

Institution: \_\_\_\_\_

\_\_\_\_\_ Address

Telephone number \_\_\_\_\_

Date: \_\_\_\_\_

Please return your response to: California Baptist University  
Dean, School of Nursing  
8432 Magnolia Ave, Riverside, CA 92504



**RELEASE AND WAIVER**

1. As an applicant to the School of Nursing at California Baptist University, I am required to furnish information for use in determining my qualifications. I hereby authorize any representative of the School of Nursing at California Baptist University bearing this release, or a copy of it, to obtain any and all information in your files concerning me, including information which may be confidential, privileged and/or derogatory in nature; including but not limited to: release of police officer records (pursuant to PC 832.7 and Evidence Code Section 1043) employment information, results of background investigations which pertain to me, psychological examinations and their results, educational records/transcripts, polygraph examinations and their results, dental records, credit and financial information, local criminal history information and/or any information you may possess. Additionally, I authorize you to release any disciplinary actions against me, which includes those that have been "sealed" pursuant to any agreement, and any internal affairs investigations, current or closed, or any files deemed confidential to me.
2. I authorize release of any record of contact between law enforcement agencies and myself to include arrests and convictions. I authorize the release to any law enforcement agency any information ascertained in this investigation relating to a possible crime.
3. I also authorize the release of any medical records or medical information in the files of my current or former employer(s), or any current or former physician(s).
4. I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the School of Nursing at California Baptist University.
5. I hereby release you from any and all liability for damage of whatever kind, which may result to me, my heirs, family or associated because of compliance with this authorization and request to release information, or any attempt to comply with.
6. This release will expire one (1) year after the date that it was signed, and is a complete, total and unequivocal waiver.

I hereby give my consent to the School of Nursing at California Baptist University to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties, as, in the sole discretion of the School of Nursing, is necessary to such investigation. I further authorize the use of any such information in the course of the school's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including but not limited to public or private disciplinary records, criminal history record information, medical or psychological records), or other data pertaining to me, to reveal, furnish and release to the School of Nursing at California Baptist University, or any of its agents or representatives, any such opinions, knowledge, information, documents, records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any association, grievance, or other committee regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or school records relating to my admission to and conduct during my enrollment in such schools.

I hereby release, discharge and hold harmless the School of Nursing at California Baptist University, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the school or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records or other data.

Notwithstanding any statement herein to the contrary, this Authorization and Release shall operate to agree to the release of only those mental health records relating to the following:

- a) my being diagnosed with bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and any treatment therefore, within the ten (10) years immediately preceding the filing of my Application with the School of Nursing at California Baptist University; and
- b) my admission to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, since attaining the age of eighteen or within the ten (10) years immediately preceding the filing of my Application, whichever period is shorter.

This limitation, however, does not apply to records relating to chemical dependency nor to any records relating to a disability for which I am seeking or intend to seek nonstandard testing accommodations. CERTIFICATION: *I certify that I have read this authorization form and understand its meaning and purpose.*

SIGNATURE: \_\_\_\_\_

NAME PRINTED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_

on \_\_\_\_\_ Date before me, \_\_\_\_\_ Name, Title of Notary Public

Date

Name, Title of Notary Public

COUNTY OF \_\_\_\_\_

personally appeared \_\_\_\_\_

Name of Signer

[ ] personally known to me – OR – [ ] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

OFFICIAL SEAL

**WITNESS my hand and official seal.**



**School of Nursing**  
 8432 Magnolia Avenue, Riverside, CA 92504  
 Telephone: (951) 343-4700 FAX: (951) 343-4703  
 www.calbaptist.edu/nursing

### LETTER OF REFERENCE

(Please type or print)

Name of Applicant: \_\_\_\_\_

Type of Reference (check one):

|                           |                          |
|---------------------------|--------------------------|
| Academic                  | <input type="checkbox"/> |
| Work/volunteer experience | <input type="checkbox"/> |
| Personal                  | <input type="checkbox"/> |

(Applicant should provide a stamped envelope addressed to CBU School of Nursing for the person filing this reference.)

I willingly waive my right of access to see this reference knowing that this waiver is NOT required as a condition for admission.

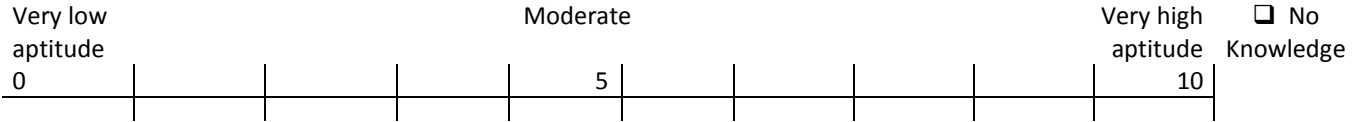
\_\_\_\_\_  
(Applicant's signature)

| <u>Please check the best response</u> | Excellent | Above Average | Average | Questionable | Unacceptable | No Knowledge |           |
|---------------------------------------|-----------|---------------|---------|--------------|--------------|--------------|-----------|
| <b>PHYSICAL</b>                       |           |               |         |              |              |              |           |
| 1. Energy (stamina)                   |           |               |         |              |              |              |           |
| 2. Appearance (dress and attire)      |           |               |         |              |              |              |           |
| <b>EMOTIONAL</b>                      |           |               |         |              |              |              |           |
| 1. Flexibility toward change          |           |               |         |              |              |              |           |
| 2. Reliability                        |           |               |         |              |              |              |           |
| 3. Attitude                           |           |               |         |              |              |              |           |
| <b>SOCIAL</b>                         |           |               |         |              |              |              |           |
| 1. Consideration of others            |           |               |         |              |              |              | Comments: |
| 2. Peer relations                     |           |               |         |              |              |              |           |
| 3. Cooperativeness                    |           |               |         |              |              |              |           |
| 4. Tact                               |           |               |         |              |              |              |           |
| 5. Interaction with others            |           |               |         |              |              |              |           |
| 6. Honesty                            |           |               |         |              |              |              |           |
| 7. Sense of humor                     |           |               |         |              |              |              |           |
| 8. Acceptance of diversity            |           |               |         |              |              |              |           |
| <b>INTELLECTUAL</b>                   |           |               |         |              |              |              |           |
| 1. Ability to complete tasks          |           |               |         |              |              |              | Comments: |
| 2. Leadership ability                 |           |               |         |              |              |              |           |
| 3. Self-discipline                    |           |               |         |              |              |              |           |
| 4. Judgment                           |           |               |         |              |              |              |           |
| 5. Clarity of speech                  |           |               |         |              |              |              |           |
| 6. Teachableness                      |           |               |         |              |              |              |           |
| 7. Study habits                       |           |               |         |              |              |              |           |
| <b>VOCATIONAL</b>                     |           |               |         |              |              |              |           |
| 1. Initiative                         |           |               |         |              |              |              | Comments: |
| 2. Quality of performance             |           |               |         |              |              |              |           |
| 3. Acceptance of new ideas            |           |               |         |              |              |              |           |
| 4. Respect for authority              |           |               |         |              |              |              |           |
| 5. Ability to work with others        |           |               |         |              |              |              |           |
| 6. Sense of responsibility            |           |               |         |              |              |              |           |

7. Resourcefulness/creativity

PLEASE COMMENT BRIEFLY ON THE FOLLOWING:

- 1. How long have you known the applicant? \_\_\_\_\_
- 2. In what relationship? \_\_\_\_\_
- 3. How well do you know the applicant? \_\_\_\_\_
- 4. What is your opinion regarding the aptitude of the applicant for academic work in nursing?



- 5. What are the applicant's strong points (include special abilities)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. What could the school of nursing do to aid this individual in her/his personal development?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

- I recommend
- I do not recommend
- I recommend with reservation

Further comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print/type your name: \_\_\_\_\_

|                    |                |                       |
|--------------------|----------------|-----------------------|
| _____<br>Signature | _____<br>Title | _____<br>Date         |
| Address _____      | City _____     | State _____ Zip _____ |

Please return to: **California Baptist University**  
 Attn: Dean, School of Nursing  
 8432 Magnolia Avenue  
 Riverside, CA 92504  
 Fax: 951.343.4703

# CERTIFIED TRUE COPY - TRANSCRIPT REQUEST

For Applicants to the School of Nursing

Office of the Registrar  
 8432 Magnolia Avenue  
 Riverside, CA 92504  
 Phone (951) 343-4566  
 Fax (951) 343-4903  
 Yeager Center B161

Applicants to the School of Nursing should submit a "Certified True Copy - Transcript Request" form to the Office of the Registrar prior to the School of Nursing Application due date. The purpose of this request is to authorize the Office of the Registrar to provide a certified true copy of all official transcripts and test scores received by CBU to the School of Nursing as part of the application process. Students should submit a copy of the request form with the Office of the Registrar's signature to the School of Nursing with their application.

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LancerMail: \_\_\_\_\_ @calbaptist.edu

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CBU Campus Box#: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you been accepted to California Baptist University?\*: Yes/No (Circle)

\*If you answered No to this question, then please do not submit this form until you have been accepted to the university and your official transcripts have been sent to the Enrollment Services Office.

## COLLEGES/UNIVERSITIES ATTENDED

Official Transcripts from all previously attended colleges/universities and SAT/ACT scores should be sent directly to the Office of Enrollment Services. Grades for pre-requisite classes recorded as in progress at the time of application to CBU, must be received (with a final grade recorded on the transcript) prior to the School of Nursing application due date. Transcripts previously sent to the university with in progress grades should be re-sent in advance of the application due date and prior to submitting this form to the Office of the Registrar. Please list all previously attended colleges and universities and SAT/ACT test below.

| Institution(s) Attended | Semester/Quarter(s) Attended |
|-------------------------|------------------------------|
| _____                   | _____                        |
| _____                   | _____                        |
| _____                   | _____                        |

| Test(s) Completed | Test Dates (Month/Year) |
|-------------------|-------------------------|
| _____             | _____                   |
| _____             | _____                   |

*Student Agreement: I have provided current official transcripts for all previously attended colleges/universities and test scores to CBU and am requesting a certified true copy of all received official transcripts and test scores be provided to the School of Nursing to be included in my application. I further understand it is my responsibility to confirm CBU has received all current official transcripts and to submit this request for certified copies in advance of the School of Nursing application due date to make certain the School of Nursing receives the documents by the required application date.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Received Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Office of the Registrar Signature: \_\_\_\_\_

Request Completed Date (Initials/Date): \_\_\_\_\_ Additional Comments: \_\_\_\_\_