Please circle yes or no to indicate your answers to the following questions:

1. Do you have a medical condition(s) that affect your ability to: move, think, complete nursing education, or practice as a nurse? YES NO

2. Are you currently using any chemical substances that may affect your ability to move, think, complete nursing education, or practice as a nurse? YES NO

3. Do you have a criminal record? YES NO

4. Have you ever been denied clearance for employment by the New Mexico Caregivers Criminal History Screening Program? YES NO

5. Are you behind on child support payments? YES NO

If you answered “YES” to any of these questions, please contact the Director of the NMJC Nursing Program to discuss these issues prior to admission.

Printed Name: ____________________________________________

Signature: ____________________________________________ Date: ______________________