

# U. S. ARMY CADET COMMAND REGISTERED NURSE PROFESSIONAL BACKGROUND CHECK

For use of this form, see USACC Pam 145-1, the proponent agency is ATCC-ROI

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** Title 10 USC Section 3013; E.O. 9397 (SSN).  
**Principal Purpose(s):** To obtain an appointment as a commissioned officer in the Regular Army, Army Reserve, or Army National Guard.  
**Routine Uses:** Basis for determination of qualifications and background information for appointment eligibility as a Regular Army or Army Reserve commissioned officer. Basis for credentialing health care providers.  
**Disclosure:** Disclosure of information requested is voluntary. Failure to provide the required information will result in non-acceptability of Cadet status.

Name (Last Name, First Name, MI) Academic School Social Security Number

1. Have you ever been licensed as a professional registered nurse or practical/vocational nurse? Yes No

- a. If NO -- Sign, date, return to BN HRA
- b. If YES -- List all current or previous license numbers.

STATE	TYPE	LICENSE NUMBER	DATE OF INITIAL ISSUE	STATUS	EXPIRATION DATE

2. Has your license ever been denied, withdrawn, restricted, or issued with stipulations by a state or local licensing board? Yes No

### 3. STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

a. All information submitted by me in this application is true to the best of my knowledge and belief. I understand that any false or incomplete information provided knowingly on or with this application may be grounds for elimination from the ROTC Nurse Program, including loss of scholarship benefits and may be punishable by fine or imprisonment under Title 18, U.S. Code, Section 1001.

b. I hereby authorize the Department of the Army and its authorized representatives to consult with individuals who may have information bearing upon my professional competence, character, and ethical qualifications (i.e. administrators and professional staffs of hospitals or institutions with which I have been associated and with others, including past and present professional liability carriers.)

c. I hereby consent to the inspection by authorized Department of the Army representatives of all documents, including medical records at hospitals or institutions that may be material to an evaluation of my professional competence and my moral and ethical qualifications to carry out the duties of military service.

d. I hereby release from any liability any and all individuals and organizations who provide information to the Department of the Army in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for appointment, credentialing, and/or clinical privileging and hereby consent to the release of such information.

e. I hereby authorize the Department of the Army or its authorized representative to communicate to other hospitals and to persons or organizations with legitimate interest therein any information concerning my professional competence, character, and ethics which the U.S. Army may acquire or have.

CADET SIGNATURE

DATE