



444 Western Boulevard
Jacksonville, North Carolina 28546-6816 Phone
(910) 455-1221

Coastal Carolina Community College Criminal Disclosure Form

I, _____, have been made aware and acknowledge the
(Applicant's Name)
ramifications of the following offenses, in regard to my enrollment and progression in a
health care program as it relates to me:

1. Felony and/or misdemeanor convictions(s),
2. Guilty plea or nolo contendere to any crime which indicates that one is unfit or incompetent to practice as a health care provider or that one has deceived or defrauded the public, and/or
3. Parole violation.

Before I can enroll or continue in courses with a clinical component, any crime of which I have been convicted must be disclosed to the clinical agencies, which support the clinical components of the courses(s).

Clinical agencies have the right to refuse a clinical practicum for students in their facilities. Therefore, I may be unable to successfully complete the program because clinical objectives cannot be met, and I will be dismissed from the program.

I agree to hold harmless, the clinical agencies and staff, and college and staff for any acts under the North Carolina Tort Claims Act, NC GS 143-291 *et seq.* and accept responsibility for any and all claims, loss, liability, demands, damages or any other financial demands that may be alleged or realized.

Student Signature	Date
Witness Signature	Date
Witness Print Name	Date
Witness Signature	Date
Witness Print Name	Date

An Equal Opportunity Employer

Revised: 6/4/2025