Background Check Form
(Appendix B)

If I have successfully completed all of my application requirements and have been conditionally admitted to the Bachelor of Science in Nursing (BSN) Program at Heritage University, I will allow the Department of Nursing at Heritage University to do a background check on me in order to determine if I am in compliance with the Washington Department of Health RCW 18.130.050 (13).

Student Name_____
First Middle Last

Heritage University ID_____Heritage University email_____

Address_____
Number Street City State Zip

Phone # (_____)_____
Phone

_____ _____
Signature Date