

School Nurse License Program Application Form



MIAMI
UNIVERSITY
OXFORD OHIO

NAME: _____

ADDRESS: _____
Street Address

_____ City State Zip Code

PHONE: (Home) _____ (Work) _____ SOC SEC NO _____

EDUCATION: Earned degree _____ at _____ on _____
Name of degree Institution Year

SCHOOL NURSING EXPERIENCE (work or school)

Have you taken any of the required School Nurse License Program courses:

NSG 312	_____	EDL 204	_____
NSG/EDP 492	_____	EDP 256	_____
		EDL 318.E	_____

Your grade point average _____ (A 3.00 gpa is required for admission).

When will you be ready to take your school nurse practicum (NSG 405)? (Date) _____

STATEMENT OF GOOD MORAL CHARACTER

The Ohio Administrative Code adopted by the Ohio State Board of Education states that a person must be of good moral character to enter a School Nurse License program and to be recommended for licensure upon program completion. Good moral character is defined as follows: "A person shall be deemed to be of good moral character provided that said individual has not pleaded guilty or been convicted of any felony, any violation of section 2907.04 (corruption of a minor) or section 2907.06 (sexual imposition), or division (A) or (C) of section 2907.07 (importuning) of the Revised Code, any offense of violence, theft offense or drug abuse offense that is not a minor misdemeanor, or any substantively comparable ordinance of a municipal corporation of another state."

My signature indicates that I have read and that I understand the paragraph above and that I have not committed any of the offenses indicated.

Signed: _____ Date: _____

FELONY STATEMENT

I, _____, have not been convicted of a felony.

Signed: _____

Date: _____