



FLORIDA ATLANTIC UNIVERSITY  
CHRISTINE E. LYNN COLLEGE OF NURSING  
777 GLADES ROAD  
BOCA RATON, FL 33431  
Visit us at <http://nursing.fau.edu/>

**NOTARIZED STUDENT OATH AND AFFIRMATION  
(THIS FORM MUST BE NOTARIZED)**

I, \_\_\_\_\_ as a student in the Florida Atlantic University Christine E. Lynn College of Nursing, swear that I have not been arrested or charged with any crime since the date of my previous background check(s).

**I understand that it is my responsibility to disclose to the College of Nursing any arrest or criminal charges. Upon disclosure, I understand that I may be required to repeat a background check.**

**I understand that the disclosure of arrest and/or conviction information could affect my successful progression in the Nursing Program.**

**Before the annual anniversary of my current background check each year, upload a new Notarized Student Oath & Affirmation form into Certified Background. I understand I will be required to repeat the background check process if the annual oath and affirmation form is not received by the annual anniversary date each year.**

**I understand a break in enrollment of one or more calendar year(s) from the original background check or most recent oath and affirmation statement, a new complete background check (both components) will be required before the student may resume coursework.**

\_\_\_\_\_  
Printed or Typed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

State Name \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this day and personally appeared

\_\_\_\_\_ Principal (i) I, have personal knowledge of the identity of the principal(s), or (ii) I, have seen satisfactory evidence of the principal(s) identity, by current state or federal identification with the principal(s) photograph in the form of a \_\_\_\_\_ or a (iii) credible witness has sworn to the identity of the principal(s).

Witness my hand and official seal or stamp, the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

(seal or stamp)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Printed or Typed Name