

Nursing Students Already Admitted to or Enrolled in Programs as of September 1, 2011

Maricopa County Community College District

Summary of Criminal Background Check Requirements

Overview of the Requirements

Effective on September 1, 2011, all students desiring to be admitted to an MCCCDC Allied Health or Nursing Program (Program) are required to obtain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card as well as a "Pass" result on an MCCCDC-required background screening. For Nursing students who, before that date, have been admitted to or are enrolled and wish to maintain enrollment in good standing in a Program, the following requirements apply:

- A valid Arizona Department of Public Safety unrestricted Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card.
- Students may not be listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)
- An original version of the MCCCDC "Criminal Background Check Disclosure Acknowledgement" form attached to this Summary signed by the student.
- At all times students are in a Program they must maintain a valid unrestricted DPS Fingerprint Clearance Card and not be listed on the OIG exclusion list.
- Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program or be allowed to continue in a Program.
2. Students admitted to a Program whose Fingerprint Clearance Card is subsequently revoked, suspended or restricted or Students who are placed on a Federal exclusion list must notify the Program manager immediately and the student will be removed from the Program which they have been admitted or are enrolled.
3. The **Criminal Background Check Disclosure Acknowledgement** directs students who are assigned to a clinical agency that requires a criminal background check to disclose on the background check vendor's data collection form of any background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the data collection form promptly during enrollment in a Program. Examples of information that a clinical agency may require in a background check are:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.

- Pending criminal charges that have been filed against you including dates and details.
- Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld

The sole recourse of any student who fails a background check and believes that failure may have been in error is with the background check vendor and not MCCCDC.

**ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS APPLICABLE TO NURSING STUDENTS
ALREADY ADMITTED TO OR ENROLLED IN PROGRAMS ON OR AFTER SEPTEMBER 1, 2011**

Maricopa County Community College District

To maintain admission to or enrollment in Nursing program ("Program") at the Maricopa County Community College District, you must maintain a unrestricted valid Arizona Department of Public Safety (DPS) Fingerprint Clearance Card, not appear on Federal exclusion lists and be able to meet the background standards of clinical agencies. In some cases, the clinical agency will require you to obtain a background check. If so, you are required to disclose on any background check data collection form (whether it be DPS or a background check vendor) any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the background check that will be conducted on you.

MCCCD requires that you complete the data collection form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge.

By signing this acknowledgement, you acknowledge the following as to any background check forms that you are required to complete:

1. I understand that I must submit to and pay any costs required to obtain and maintain a valid unrestricted DPS Fingerprint Clearance Card and any background check that a clinical agency may require.
2. I understand that failure to maintain a valid unrestricted DPS Fingerprint Clearance Card and or placement on a Federal Exclusion list will result in removal from a Program. [
3. I understand that, if my Fingerprint Clearance Card is revoked, suspended or restricted or if I am placed on a Federal exclusion list at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
4. I understand that a clinical agency may require additional components of a criminal background check, other than those required to obtain a Fingerprint Clearance Card, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
5. I understand that the clinical agency background check may include but is not limited to the following::
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
6. I understand that on a clinical agency background check I may be disqualified because of the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant

Any inclusion on any registered sex offender database

Any inclusion on any of the FACIS exclusion lists or Homeland Security watch list

Any conviction of Felony no matter what the age of the conviction

Any warrant any state

Any misdemeanor conviction for the following, no matter how long ago

- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault

- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years

Any other misdemeanor convictions within last 4 years

- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

7. I understand that I must disclose on any background check data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the form. I further understand that non-disclosure of relevant information on the form that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the form will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
8. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in the inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
9. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
10. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on Federal exclusion databases, suspension, removal or restriction of my DPS Fingerprint Clearance Card, or removal or discipline imposed on any professional licensure or certificate at any time during my enrollment in a Program.

Signature

Date

Printed Name

Desired Health Care Program