

Indicate program of application:	
<input type="checkbox"/> Associate Degree Nursing (ADN) <input type="checkbox"/> Dental Hygiene (DH) <input type="checkbox"/> Health Information Technology (HIT) <input type="checkbox"/> Health Information Management (HIM) <input type="checkbox"/> Medical Assisting (MA)	<input type="checkbox"/> Medical Scribe <input type="checkbox"/> Nursing Assistant/Home Health Aide (NA/HHA) <input type="checkbox"/> Physical Therapist Assistant (PTA) <input type="checkbox"/> Vocational Nursing (VN)

Student information:				
Last Name	First Name	MI	Maiden	
Address		City	State	Zip
Email				
Phone (day)	Phone (eve)	Phone (cell)		

Criminal Public Record Check:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted ¹ of any crime ² under your current name or any other name? <i>If the above answer is yes, please detail information for each conviction on the back of this form.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a criminal case now pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical assignments are in health facilities that allow access to drugs and medications. Have you ever been arrested for an offense involving controlled substances? <i>(Cal Labor Code 432.7f, Cal Health and Safety Code 11590)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical assignments are in health facilities that allow you regular access to patients. Have you ever been arrested for a sex offense for which registration as a sex offender would be required upon conviction? <i>(Cal Labor Code 432.7f, Penal Code 290)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that a background check; reference verification; and drug screening, is a part of the enrollment decision making process, and if you are invited to participate in the program that you consent to complete a background investigation?
¹ "Convicted" means plea, verdict of finding of no contest or guilt, regardless of whether sentence was imposed by the court.	
² "Any crime" means misdemeanors or felonies including motor vehicle/driving violations excluding minor traffic infractions, conviction for marijuana more than two years ago, and convictions for which the records has been sealed, expunged, eradicated, or judicially dismissed.	

I hereby certify that all statements made on this form are true and correct, and I authorize investigation of all statements herein recorded. I release from liability persons and organizations reporting information required by this application. I understand that any misrepresentation or falsification of material facts in this application may be cause for immediate disqualification and removal from program.

Signature of Student: _____ **Date:** _____

**Existence of convictions will not necessarily disqualify an applicant from enrollment. However, failure to fully disclose may be considered falsification and will result in offer of enrollment being rescinded; and is grounds for immediate termination upon discovery at any time during enrollment.*

Information Regarding Criminal History:			
Date	Conviction	Conviction Type (misdemeanor/felony)	Court Name & Location (city & state)
<i>Example:</i> 1/1/2010	Driving under the Influence (DUI)	Felony	Shasta County Superior Court Redding, CA

Exclusion from Clinical Placement

In collaboration with the clinical agencies used by Shasta College, a student will be excluded from participation in clinical rotations and therefore unable to complete the Shasta College Health Sciences programs for the following background check/drug screen findings:

- Capitol felony conviction at any time in student's past
- Felony conviction within past 7 years³
- Misdemeanor convictions with past 3 years³
- Medicare fraud
- Any crime that results in requirement to register as a sex offender
- Positive drug screen

³Note: Felony or misdemeanor convictions involving crimes against persons or property, any drug charges, and driving under the influence must fall outside the above time lines for students to be eligible for enrollment.

For more information regarding clearance needed to apply for certification or licensure, please contact the accrediting board for your program.

Signature of Student: _____ **Date:** _____

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