

Wallace Community College

Background Screening Policy for Students in the Health Sciences

I. Policy Purpose

- A. Education of Health Science students at Wallace Community College requires extensive collaboration between the institution and its clinical affiliates.
- B. The College and clinical affiliates share an obligation to protect, to the extent reasonably possible, recipients of health care from harm.
- C. The College desires to ensure that the health and safety of students and patients are not compromised and acknowledges that clinical affiliation agreements exist to provide students with quality clinical education experiences.

II. Standards of Conduct and Enforcement Thereof

- A. Clinical affiliation agreements for programs within the health sciences contain contractual obligations to comply with the requirements set forth by health care facilities.
- B. Student enrolled in a health program at Wallace Community College must conform to the rules, policies, and procedures of the clinical affiliate in order to participate in clinical learning experiences.
- C. Wallace Community College requires background screening of all students choosing to enroll in a program within the Health Sciences.

III. General Guidelines

- A. Any student accepted into, currently attending, or re-admitting to any program within the Health Sciences at Wallace Community College will be required to undergo an initial background screen.
- B. Types of screening to be conducted
 1. Social Security Number Trace / ID Search to verify that the Social Security Administration issued the number provided by the individual and that it is not listed in the files of the deceased. The SSN trace will also locate additional names and addresses that may assist in locating jurisdictions for additional criminal searches.
 2. Unlimited County Criminal Record Verifications to identify criminal convictions for all names and addresses revealed on the Social Security Trace.
 3. The Alabama Statewide Search includes criminal convictions since 1987. These records contain information submitted to the State by courts from each county to other criminal justice agencies.

4. FACIS (Fraud and Abuse Control Information System) Database Searches to identify adverse actions of individuals and entities in the health care field, including information on disciplinary actions ranging from exclusions and debarments to letters of reprimand and probation. Among others, searches include the OIG, GSA, OFAC and National Terrorist Watch List.
 - a) Office of the Inspector General (OIG) List of Excluded Individuals/Entities identifies those individuals who have committed offenses deeming them ineligible to care for patients receiving Medicare, Medicaid and other Federal health care benefits.
 - b) General Services Administration (GSA) Excluded Parties List Service identifies the List of Parties Excluded (EPLS) that identifies those excluded throughout the US Government from receiving Federal contracts and certain types of Federal financial/non-financial assistance/benefits.
 - c) Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals (SDN) includes individuals associated with terrorism and Narcotics Trafficking.
 - d) National Terrorist Watch List contains names of international terrorism suspects and those of people who aid them.
5. National Sex Offender Public Registry, maintained by the U. S. Department of Justice, returns complete profiles of sex offenders, including their convictions.
6. Professional License, Certification, or Designation Verification confirms validity of professional license(s) claimed by an individual. Verification usually consists of license type, date of issuance, expiration date, current standing and existing restrictions, if any, on the license. Disciplinary actions or suspensions may also be disclosed based on availability from the licensing authority.

IV. Student Guidelines

A. Consent

1. Submission of all information disclosed in the process of requesting a background screening will be the responsibility of the student.
2. The *Disclosure & Authority to Release Information* form required in on-line creation of an account through the College-approved vendor must be signed by the student.
3. A *Background Screening Consent and Release Form* containing appropriate signatures must be submitted to and a copy kept on file in the applicable health program office student file.
4. An *Acknowledgement of Receipt of the Background Screening Policy for Students in the Health Sciences* form containing appropriate signatures must be submitted and a copy kept on file in the applicable health program student file.

B. Procedure Policies

1. Background screens will be scheduled and conducted by a College-designated vendor in accordance with program specific admission deadlines and/or semester start dates. Background screens performed by any other vendor or agency will not be accepted.
2. Students reinstated to a health program after an absence from program coursework of one semester or more, will be required to submit a screening update to the College-approved vendor.

3. All expenses associated with background screening, whether initial screens or updates, are the responsibility of the student.
 - a) Any applications of financial aid resources must follow aid-specific guidelines approved by the provider.
 - b) Any expenses not applicable to financial aid resources must be provided by the student.
4. Failure to complete the background screen by the published deadline and/or refusing to sign the consent, disclosure, and/or release authorization form(s) will prohibit a student from attending health program courses.
 - a) The student will be advised to officially withdraw from registration in any courses within the applicable health program prefix.
 - b) If the student does not officially withdraw, applicable procedures will be applied, including the use of a “never attend (NA),” “cease to attend (CA),” or “withdrawal failing (WF)” designation.
5. A student who experiences extenuating circumstances that prohibit completion of the background screen by the deadline should contact the Associate Dean, Health Sciences. In the event that a student is allowed to proceed with background screening beyond the designated deadline, he/she will not be allowed to attend any clinical experiences until the full background screen process is completed.

V. Results

- A. Results of background screening are confidential and will be released only to the individual student and to the approved College designee.
- B. If required by affiliate contracts, clinical affiliates will be provided with a copy of negative results for students assigned to the specific agency.
- C. Receipt of a positive background screening report will require further review by the College designee and appointed affiliate representatives.
 1. Background screens which could render a student ineligible to obtain clinical learning experiences include, but are not limited to:
 - a) Certain convictions or criminal charges which could jeopardize the health and safety of patients.
 - (1) Crimes against the person, such as battery or assault
 - (2) Crimes based on dishonesty or untruthfulness, such as theft or embezzlement
 - (3) Drug or substance abuse-related crimes, including but not limited to, use, manufacture, distribution, possession, and/or purchase of illegal substances.
 - b) Sanctions or debarment.
 - c) Felony or repeated misdemeanor activity.
 - d) Office of the Inspector General violations including inclusion of ones name on an excluded party list.
 - e) Other crimes as deemed ineligible by appointed affiliate representatives
 2. In the event of a positive background screen, the student will be notified of the results by the College designee and the screening vendor.

3. Students will be provided an opportunity to challenge the accuracy of reported findings through the Adverse Action process provided by the College-approved vendor.
4. Students with a positive background screen will not be allowed to participate in clinical assignments pending resolution of the background finding.
5. Students who are unable to resolve positive background findings will not be allowed to continue in a health program at Wallace Community College. The student will be advised by the College designee as to their future eligibility for program re-entry and the mechanisms for readmission application to a health program.
 - (1) The student will be advised to officially withdraw from registration in any courses within the applicable health program prefix.
 - (2) If the student does not officially withdraw, applicable procedures will be applied, including the use of a “never attend (NA),” “cease to attend (CA),” or “withdrawal failing (WF)” designation.

- D. Background screening results will be securely filed in the office of the College designee.
- E. Any conditions associated with positive background screens, which, upon review by designated clinical affiliate representatives are deemed allowable, may still have licensure implications upon graduation from a health program.

Background Screening Consent and Release Form

I have received and carefully read the *Background Screening Policy for Students in the Health Sciences*. I understand that compliance with the background screening policy is a requirement to complete my admission to and/or maintain enrollment in a health care program at Wallace Community College.

By signing this document, I am indicating that I have read and understand Wallace Community College's *Background Screening Policy for Students in the Health Sciences*. My signature also indicates my agreement to complete the requirement and to submit required information to the approved screening vendor. I understand that my enrollment in health program courses is conditional to the provision of negative findings or facility approval upon circumstantial review. In the event of positive findings on my background screen and follow-up denial of access to or declared ineligibility to continue in clinical learning experiences, further attendance in health program courses will not be allowed. I will be offered the opportunity to withdraw from all courses in my health program for which I am enrolled. My failure to withdraw as directed will result in the assignment of the appropriate course grade, whether NA, CA, or WF.

A copy of this signed and dated document will constitute my consent to abide by the College's Background Screening Policy. Upon submission of my personal information to the approved screening vendor, I also consent to approve the release of the original screening results to the approved College designee. A copy of this signed and dated document, along with approval during the information submission process, will constitute my consent for the College to release the results of my background screen to the clinical affiliate(s)' specifically designated person(s). I agree to hold harmless the College and its officers, agents, and employees from and against any harm, claim, suit, or cause of action, which may occur as a direct or indirect result of the background screen or release of the results to the College and/or the clinical affiliates. I understand that should any legal action be taken as a result of the background screen, that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document. I hereby acknowledge that I will authorize the College's contracted agents to procure a background screen on me. I further understand this signed consent hereby authorizes the College's contracted agents to conduct necessary and/or periodic background screens and/or updates as required by contractual agreements with clinical affiliates.

Student Signature

Witness Signature

Student's Printed Name

Witness' Printed Name

Date

Date

**ACKNOWLEDGMENT OF RECEIPT OF THE
BACKGROUND SCREENING POLICY FOR STUDENTS IN THE
HEALTH SCIENCES**

I certify that I have received a copy of Wallace Community College's *Background Screening Policy for Students in the Health Sciences*. I have read and understand the requirements of the policy and guidelines. I understand that this policy will be effective with the beginning of Spring Semester 2008 and that both new and existing students will be required to comply with this policy in order to remain enrolled in health program courses.

Student Signature

Date

Student Name (Printed)

Student Number