



## CRIMINAL HISTORY INFORMED CONSENT

**For acceptance into a Health Sciences program at Hillsborough Community College (HCC) and continuing through enrollment and program completion, you must not have been found guilty, regardless of adjudication, of an offense that would disqualify you from employment in health care or a healthcare setting. If you have unresolved offenses or are on probation, you may be ineligible to be placed in a clinical environment. You must meet all placement standards to participate in Health Sciences programs at HCC due to requirements mandated by affiliation agreements with clinical sites.**

You will submit fingerprints and information about yourself, including your Social Security number, for a Level 2 screening (“Consumer Report”). Results of the background screening will be sent to the HCC Health Sciences Admissions Office. Should you require an exemption from a disqualification, you can appeal to the HCC Health Sciences Admissions Office. Not all offenses are disqualifying. If your Consumer Report lists a potentially disqualifying offense, the HCC Health Sciences Admissions Office will contact you for additional documentation and/or for a more in-depth review. Your Health Sciences Licensure Board, where applicable, may or may not allow a graduate from a Health Sciences program who has a disqualifying offense, such as an arrest or conviction, to sit for licensure or be admitted.

**I understand** that per the Fair Credit Reporting Act and the Federal Trade Commission, the Level 2 background check described in this Disclosure and Release (informed consent form) is considered to be a Consumer Report. To be eligible as an applicant/student to any HCC Health Sciences program or to continue as a student in a Health Sciences program at HCC, I cannot have a criminal history with a conviction of one or more crimes as outlined in Section 435.03, Florida Statutes.

**I understand** that effective July 1, 2009, pursuant to Section 456.0635, Florida Statutes, health care boards in Florida or the Department of Health will refuse to issue a license, certificate or registration and will refuse to admit a candidate for examination, as outlined in Section 456.0635, Florida Statutes. You can access the link below to read the Florida Statute mentioned in this section:  
[http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0400-0499/0456/Sections/0456.0635.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.0635.html)

**I understand** that admission into any HCC Health Sciences program on the basis of the Consumer Report is no guarantee I will be eligible for licensure or future employment. I acknowledge it is my responsibility to contact my Health Sciences Licensure Board to determine criteria based on criminal activity included in my Consumer Report.

**I understand** that this “Informed Consent” form serves as:

1. A clear and conspicuous disclosure by HCC that a Consumer Report, which includes a Level 2 background check, will be completed on me and will be obtained for admissions purposes into any HCC Health Sciences program and that a consumer reporting agency will provide the report to HCC; and
2. An authorization from me for HCC to procure the Consumer Report, and an agreement that I will pay for the Consumer Report.

**I understand** that information from the Consumer Report for admission purposes into any HCC Health Sciences program will not be used in violation of any applicable federal or state laws or regulations.

**I understand** that as an applicant/student, I will be responsible for notifying the HCC Health Sciences Admissions Office at the Dale Mabry Campus within five (5) working days of any arrests and convictions, regardless of adjudication that occur after the application deadline but before the first day of classes. The Chair of the Admissions and Appeals committee will communicate to me whether or not I will remain eligible to enter the program and will notify the program manager if I am no longer eligible to enter the program.

**I understand** that if I am accepted and/or enrolled in any Health Sciences program at HCC and arrested, on or after the first day of class, of any crimes, I must notify my division chair within five (5) working days of the arrest or conviction or any criminal charges pending against me that occur while I am in the program.

**I understand** that my failure to notify the appropriate individuals shall be grounds for denial of admission to or permanent dismissal from an HCC Health Sciences program. Further, HCC may require a Consumer Report to be generated on me at any time when I am enrolled in any HCC Health Sciences program, which will be at no cost to me.

**I understand** that some clinical affiliates/partners/hospitals/agencies may require that the HCC Health Sciences program share the results of the background check, and I agree that HCC may share my results.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

**HCC reserves the right to make changes in the admission criteria and program information, as circumstances require.** An original signed copy will be retained in the student's file.