



Criminal Background Check and Drug Screening for Health Science Students

In accordance with a new standard/requirement by the Joint Commission, students enrolled in any health science program that requires a clinical experience in a hospital or other health care facility must submit to a level II criminal background check, a drug screening test, and Hospital Corporation of America requirements. The same requirements pertain to students who apply for entrance into a health science program.

In adherence to this new Joint Commission mandate, all current and future health science students must obtain a level II criminal background check, a drug-screening test, and Hospital Corporation of America requirements. The student is responsible for paying the costs for each test. The results of said tests may require that Broward College withdraw the student from the program. This action is necessary due to the student's inability to access clinical facilities for training purposes required as a part of the instructional program.

Criminal Background Check and Drug Screening Process

1. The first point of contact at BC (admissions counselor, academic advisor, associate dean, etc.) informs current and incoming students that a level II criminal background check, drug screening, and Hospital Corporation of America requirements are prerequisite tests for health science students.
2. The student is provided the location(s) where criminal background testing (fingerprinting), Hospital Corporation of America requirements, and drug screening will be conducted.
3. The health science student completes the appropriate Criminal Background Check Student Forms (**FDLE Waiver Form and Live Scan/Electronic Submission Form**) for submission to the fingerprinting site. Health science students are required to complete Hospital Corporation of America requirements and drug screening (**forms provided by the health science admission contact**) in addition to the criminal background check. The forms are required for current and new students who require security clearance to access a clinical facility for training purposes.
4. The student goes to **Statutory Fingerprinting & Notary, Inc.**, to complete the background check. Statutory Fingerprinting and Notary, Inc. location is listed below:

4121 NW 5th Street, Suite 101
Plantation, FL 33317-2158
Telephone: 954-585-8899

5. The student presents a valid driver's license or an official picture ID, and pays the **\$60 fee** in the form of a credit card or Bank – money order/cashier's check **ONLY**. Cash will not be accepted.



Since 1997

Statutory Fingerprinting & Notary, Inc.
Inked or computerized fingerprinting
"Safety and Well-being comes first"

4121 NW 5th Street, Suite 101
Plantation, Florida 33317
Phone: 954/585-8899 - Fax: 954/585-8744
Toll Free: 1-866-651-8899
Email: sfn@fingerprintingnotary.com
www.fingerprintingnotary.net

Level 2 - Live Scan Form
Broward College Health & Sciences

V-060-200-12-Student
225 E. Las Olas Boulevard
Ft. Lauderdale, Florida 333
P-954-201-7486 -Nursing Office - 954-201-2350
Fax: 954-201-7466

Applicant Name: _____ Phone #: _____

State of Birth in the USA _____ Country of Birth **Outside** the USA _____ US Citizen (circle) **Yes or No**
Race: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ pounds

DISCLOSURE-PLEASE READ: SF&N will electronically submit your fingerprints within 24 to 72 business hours directly to *FDLE (Florida Dept. of Law Enforcement)* where a Level 2 criminal history background check will be conducted. FDLE will then send your results within 24 to 72 business hours to Broward College. To check on your results, you may contact **FDLE at 850-410-8161** and provide them with the **entire TCN number listed below**. If your results are not received by Broward College within 15 days, our office **MUST** be notified immediately with the **entire TCN number listed below**. If we are not notified, we will assume that your results are received in a timely manner. Level 2 Live Scan transactions are kept in our computer system for only 45 days. If the FBI rejects your fingerprints, FBI requires that a 2nd set of fingerprints must be submitted. Broward College will provide us with the FBI rejection number to be submitted with the 2nd set of fingerprints. Results cannot be shared with the exception of those regulatory agencies participating in the Clearinghouse. Validation of results and how long information is kept depends on the policy of Broward College. All level 2 criminal history background checks mandatory state and federal fees and our service fee are included in your payment. If you are a health care professional and/or taking your exam for your state board license, you are required to be photographed. Payment is non-refundable once services are provided. By signing below you have indicated that you've read and understood the disclosure and that all information provided is true and correct to the best of your knowledge. Please keep this processed receipt form for your record and provide the receipt in the envelope to Broward College for their record. The processed FDLE VECHS Waiver form will be sent to Broward College by our office. Thank you for your patronage!

Applicant Signature _____ Date _____ **Stop Here!**

Statutory Fingerprinting & Notary

4121 NW 5th Street, #101-Plantation, Florida 33317
Monday - Friday – Walk-In Hours - 9:00 AM to 12:45 PM
2:00 PM to 4:45 PM

We are no longer located in Palm Beach County

Driving Directions Travel Guide – To Our New Location

West of I-95 - East of Turnpike - East of I-75 - North of 595
Off of 441/State Road 7- Between Sunrise Boulevard & Broward Boulevard
Turn at the NW Corner of 441 & 5th Street-**Across from Legal Aid**
Turn Right on **BRICK Driveway 2-Story** Building on Right - Next to the Dental Office

OFFICIAL USE ONLY **Payment Receipt** Payment \$60.00 Rep. _____

Payment Method: - MC – Visa - Amex – **Bank** Money Order Only - Exact Cash (change not provided)

SFN-1st-TCN#70C11 _____ series of _____ zeros _____ Fingerprinting Technician _____

FBI Rejection TCR # _____



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby **authorize BROWARD COLLEGE HEALTH & SCIENCES** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) **(Year of Request)**

I ___ have OR ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___ do OR ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one) Employee Volunteer/STUDENT Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY: SF&N-TCN# 70C11 _____ series of zeros _____

Entity Name: BROWARD COLLEGE HEALTH & SCIENCES

Telephone Phone: 954-201-7486 Fax: 954-201-7466

FDLE Assigned Qualified Entity Number: V06020012

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
COPY - SEND TO FDLE WITH FINGERPRINT CARD**