

# **BROWARD COLLEGE**

## **Health Science Students Criminal Background Check and Drug Screening**

In accordance with a new standard/requirement by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 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 JCAHO 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. is located at:

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, money order, or cashier's check ONLY. Cash will not be accepted.
6. After the Live Scan fingerprinting has been completed, the FDLE VECHS Waiver Agreement and Statement will be faxed to FDLE by Statutory Fingerprinting & Notary, Inc. A nominal fee (**\$1**) will be charged to fax the form to the Florida Department of Law Enforcement (FDLE).
7. Students who do not provide the required documentation or who are not subsequently "cleared" will not be allowed to register or continue in the health science program.
8. The BC Background Check Contact Person should maintain records containing the final disposition of the criminal background check on each student. Periodic cross-reference checks should be conducted to verify that all students took the test.
9. The student is required to self report any arrest to the Health Science Department in writing within 48 hours of the incident.
10. FDLE with the assistance of the FBI will provide Broward College with the following:
  - An indication that the person has no criminal history, i.e., no serious arrests in state or national databases, if there are none;
  - The criminal history record (RAP sheet) that shows arrests/and or convictions for Florida and other states, if any;
  - Notification of any warrants or domestic violence injunctions that the person may have.

# **BROWARD COLLEGE**

## **Health Science Students**

### **Directions for Fingerprinting**

**Statutory Finger Printing & Notary, Inc.**  
**4121 NW 5<sup>th</sup> Street, Suite 101**  
**Plantation, Florida 33317**  
**(954) 585-8899**

**HOURS:      Monday-Friday                      9:00 a.m. - 5:00 p.m.**  
**Closed for Lunch                      1:00 p.m. – 2:00 p.m.**  
**No appointment is necessary during these hours!**

**\*Note: If you do not show up for your appointment on Saturday and do not cancel on or before the close of business on Friday, you will be charged a \$30 fee.**

#### **DIRECTIONS:**

**From I-95 :** I-95 to Broward Blvd. Go west to 441/state road 7, turn right heading north, turn left at the 2<sup>nd</sup> light (**just after the Hospital**).

**From I-75:** I-75 to I-595 east to 441/state road 7, turn left at the 2<sup>nd</sup> light (**just after the Hospital**).

**From Turnpike:** Florida's Turnpike to Sunrise Blvd., go east to 441/state road 7, turn right heading south, turn right at the 2<sup>nd</sup> light (**just before the Hospital**)

#### **Important Information for students:**

- 1. Please bring \$60 payable with credit card (Mastercard and Visa only), US postal money order, or cashier's check made on any US bank payable to Statutory Fingerprinting & Notary, Inc.**
- 2. You must have a valid driver's license, or official government-issued picture identification (no exceptions).**
- 3. Please complete and bring a VECHS Waiver Agreement Form and the Live Scan/Electronic Submission Form.**

**Statutory Fingerprinting & Notary, Inc. will:**

- (a) Give a receipt to the student.**
- (b) Return a copy of the form to the custodian of student records at BC.**





Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau  
**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 AND 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:**

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**(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:

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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  Student/Vol  Contractor/Vendor

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **STOP HERE!**

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**TO BE COMPLETED BY QUALIFIED ENTITY: SFN TCN # 70C11** \_\_\_\_\_

Entity Name: **BROWARD COLLEGE (HEALTH AND SCIENCES)**  
**225 EAST LAS OLAS BOULEVARD**  
**FORT LAUDERDALE, FLORIDA 33301**

Address: Telephone: **954-201-7486** Fax: **954-201-7466**

FDLE Assigned Qualified Entity Number: **E06020012** - **V06020012**

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