

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.

Important Information for students:

1. Please bring \$60 payable to Statutory Fingerprinting & Notary, Inc. (see attached instructions for specific payment methods)
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.



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: statfpnty@aol.com
www.fingerprintingnotary.com

Since 1995

DRIVING DIRECTIONS – BROWARD COLLEGE STUDENT

Revised 5.1.2010

No Appointment Monday to Friday

Live Scan Processing Fee: \$60.00 + Plus (\$5.00 for Notary if needed)

PAYMENT METHOD: Business Check-(no 3rd party check), US Postal Money Order, US Cashier's Check Payable to **SF&N, Inc.** Master Card or Visa, Owner of credit card MUST be present to sign, name on credit card MUST match name on valid government issued picture ID (No Exceptions). NO Personal Checks or Cash will be accepted. However, if cash is your only option, as a courtesy, we will only accept if exact payment is provided. (Change will not be provided and we **WILL NOT** accept or keep overpayment)

Payment Receipt from SFN **MUST** be given to Broward College upon their request. There will be a \$5.00 CASH (exact change) non-refundable replacement fee for lost receipt. SFN will mail appropriate forms to Broward College. FDLE & FBI Level 2 Background Check Results will be sent to Broward College directly via secure email from the Florida Department of Law Enforcement.

Broward Main Office > 4121 NW 5th Street, Suite #101 - Plantation, FL 33317 >
Monday to Friday 9:00 AM to 5:00 PM – Lunch: 12:45 PM to 2:00 PM

Saturdays – By Appointment Only 10:00 am to 1:00 pm >>>> Subject to Change
Appointment must be cancelled within 24 business hours M-F to avoid non-cancellation fee of \$25.00
 For More Information, please visit our website @ fingerprintingnotary.com

DRIVING DIRECTIONS

- *I-95 to Broward Blvd-go west to 441/State Road 7>turn right heading north >>turn left at the 1st light (After Plantation General Hospital)
- *I-75 to I-595 east to 441/State-Road 7 North>Pass Broward Blvd then turn left at the 1st light (Just after Plantation General Hospital)
- *Turnpike to Sunrise Blvd- go east to 441/State Road 7 >>turn right heading south – turn right at the 2nd t light (Before the Hospital)

We are located in the first 2 story (**Plantation Professional Building**) behind the Texaco Gas Station- first floor Suite **101**

WPB Satellite Office >-2930 Okeechobee Blvd, Suite # 109, West Palm Beach, FL 33409 >1ST Floor

Please call for Days & Hours of Operation

Currently, we are open Fridays only from 9:00 am to 6:00 pm-Lunch from 12:45 to 2:00pm
>>Days & Hours of operation subject to change>>>depending on the ECONOMY<<

We sincerely appreciate your business and your loyalty in helping us to keep our doors open

DRIVING DIRECTIONS

FROM I-95 GO - West on Okeechobee Boulevard, Turn-Left onto Wabasso /Palm Beach Lakes Boulevard
 Then 1st RIGHT onto SHAWNEE- to the (2) Story BRICK Building>> REAR Parking Lot

FROM Turnpike - GO East on Okeechobee Boulevard, Pass Indian Road Look for the two (2) Story BRICK Building on the RIGHT beside ELITE Window Tinting - ACROSS from BUICK PONTIAC Turn- RIGHT onto Wabasso /Palm Beach Lakes Boulevard Then 1st RIGHT onto SHAWNEE- to the REAR Parking Lot

If the rear entrance is locked, please enter through the front. If special assistance is needed to enter building such as wheelchair or severe disability where one cannot use the steps, please let us know, and we will accommodate you getting inside our office.

YOU MAY ENTER THROUGH THE FRONT OR THE BACK ENTRANCE BY THE PARKING LOT!

Peace – Honesty - Respect



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:

(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 Student/Vol Contractor/Vendor

Signature: _____ Today's Date: ____/____/____

Printed Name: _____

Address: _____

Date of Birth: ____/____/____ **STOP HERE!**

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**

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