

Policy S-2
FLORIDA STATE UNIVERSITY
COLLEGE OF NURSING

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TITLE: CRIMINAL BACKGROUND CHECK

POLICY: The College of Nursing requires all students to have a Criminal Background Check on file at the College prior to practicing in any health care facility.

RATIONALE: The curriculum of The Florida State University College of Nursing offers a variety of clinical experiences throughout the region and the State of Florida. The College of Nursing has a contract with all sites used for clinical experiences.

Florida Law restricts access to children, elderly and disabled patients by persons convicted of specific misdemeanors and felonies. (Chapter 435 Florida Statutes). This law places restrictions on health care facilities, which in turn require students to comply with the same restrictions as their employees and volunteers.

PROCEDURE:
For All Students:

1. On entry to any program in the College of Nursing, the student must submit to a FDLE/FBI Level II Criminal Background Check and a background screening. This includes, but is not limited to, a review of:
 - County of Residence Criminal Records
 - Residence History (last 7 years)
 - Social Security Verification
 - Nationwide Healthcare Fraud & Abuse Scan
 - Nationwide Sexual Offenders Registry Scan
 - the U.S. Patriot Act specifications

2. If any negative findings are reported to the College of Nursing from these reviews, the results will be forwarded to the Associate Dean of the College of Nursing. After review of the documents, the Associate Dean will discuss the findings with the student and request a copy of the Disposition of Charges to be placed in the student's file. If the charges are incompatible with eligibility for licensure as a registered nurse in the state of Florida, the student will be dismissed from the program. If the charges are incompatible with a clinical agency(s) requirement an alternate clinical assignment will be made if possible; if an alternate clinical assignment is not available, the student will not be able to progress in the nursing major and be dismissed from the program.

3. A waivers signed by the student will allow the College of Nursing to send a copy of this report to clinical facilities requiring this information

(Attachment #1 and #2). The clinical facility may determine that the information on the report does not meet their policies and may deny the student admission to the facility and/or access to their patients based on evidence of arrests or criminal convictions. If that should occur, and a comparable assignment cannot be made to meet the course objectives, the student's enrollment in the College of Nursing will be discontinued. Students may be required by a clinical agency to submit an additional background check prior to beginning clinical rotations at the agency. A student may be denied clinical placement by a health care facility if the student admits to, or if a criminal background check reveals charges for one or more of the following generic crimes or their equivalents. A list of student disqualification guidelines can be found on Attachment # 4.

4. Students will be required to submit a notarized Affidavit of Good Moral Character on an annual basis following the initial background check to certify that no offenses have been committed since the initial background check was completed. (Attachment #3) Absolute honesty is essential. Students may be required by a clinical agency to submit an additional Background Check prior to beginning clinical rotations at the agency.
5. Students who are not enrolled for two or more consecutive semesters will be required to resubmit all criminal background check materials at the time of re-entry.
6. Criminal Background Checks completed at the undergraduate level (for those students entering the graduate level) or any similar report on file at any other agency cannot be used to satisfy this requirement.

Approved by:

Faculty	2/27/04	6/16/06	4/18/08	8/11/10	1/24/13	8/17/16
Dean	2/27/04	5/16/06	4/18/08	8/11/10	1/24/13	8/17/16

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 (*enter Name of Qualified Entity*) Florida State University 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 Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Florida State University College of Nursing

Address: College of Nursing 98 Varsity Way, Tallahassee, Florida 32306-4310

Telephone: (850) 644-3296 Fax: (850) 645-7249

FDLE Assigned Qualified Entity Number: V37020002

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

Attachment #2



FSU COLLEGE OF NURSING
Authorization for the Use and Disclosure of Protected
Personal Health and Background Information

Due to the requirements of clinical facilities having contracts with the College of Nursing, new and returning students generally must have two screenings completed through American DataBank. The first one is a Drug Screening. This process involves checking a student's urine for evidence of illegal substance use. The second one is a personal history and background check. This process involves a Social Security Number verification, criminal history search, violent sexual offender and predatory registry search, employment verification, search for Patriot Act information requests and a NW Healthcare Fraud and Abuse scan. A Level II FDLE/FBI Criminal Background Check is also required.

In some cases, the facility used by a student for his/her clinical hours will request copies of the results of these tests or other clinical documentation as required by the legal contracts with individual clinical agencies. According to FERPA guidelines, the College of Nursing is not authorized to disclose these results to any third party unless we obtain written consent from the student to do so. If you sign this form, you are giving us permission to share information as itemized in the College of Nursing Student Policy S-4. If you decide later that you do not want us to share this information any longer, you can revoke this authorization at any time in writing.

I hereby authorize the following agency to provide a copy of clinical clearance documentation as defined by the College of Nursing Student Policy S-4, to any clinical agency/facility where I am pre-approved to complete my clinical experiences upon request by the individual agency.

Florida State University
College of Nursing
Vivian Duxbury Hall
Tallahassee, Florida 32306-4310

I understand that this authorization is valid for the duration of my enrollment in the Florida State University College of Nursing. I also understand that I may choose to revoke this authorization in writing at any time. If I choose to revoke authorization, I understand that access to the clinical agency may be denied.

Student Signature

Date

Printed Student Name: _____

FSUSN: _____

Attachment #3



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

I am an applicant for employment as a caretaker (or similar position requiring level 2 screening under Chapter 435, Florida Statutes), or I am currently employed as a caretaker with:

By signing this form, I am swearing or affirming that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

Relating to:

- Sections: 393.135 relating to sexual misconduct with certain developmentally disabled clients
394.4593 relating to sexual misconduct with certain mental Health patients
415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults
741.30 domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
782.04 murder
782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
782.071 vehicular homicide
782.09 killing an unborn child by injury to the mother
784.011 assault, if the victim of offense was a minor
784.021 aggravated assault
784.03 battery, if the victim of offense was a minor
784.045 aggravated battery
784.075 battery on a detention or commitment facility staff
787.01 kidnapping
787.02 false imprisonment
787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
794.011 sexual battery
794.041 prohibited acts of persons in familial or custodial authority (former)
Chapter: 796 prostitution
Section: 798.02 lewd and lascivious behavior
Chapter: 800 lewdness and indecent exposure
Section: 806.01 arson
Chapter: 812 felony theft and/or robbery and related crimes, if a felony
Sections: 817.563 fraudulent sale of controlled substances, if the offense was a felony
825.102 abuse, aggravated abuse, or neglect of disabled adults or elderly persons
825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
826.04 incest
827.03 child abuse, aggravated child abuse, or neglect of a child

CONTINUED ON NEXT PAGE

827.04	contributing to the delinquency or dependency of a child
827.05	negligent treatment of children
827.071	sexual performance by a child
843.01	resisting arrest with violence
843.025	depriving an officer means of protection or communication
843.12	aiding in an escape
843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter: 847	obscene literature
Section: 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter: 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Sections: 916.0175	relating to sexual misconduct with certain forensic clients
944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
944.46	harboring, concealing, or aiding an escaped prisoner
944.47	introduction of contraband into a correctional facility
985.4045	sexual misconduct in juvenile justice programs
985.4046	contraband introduced into detention facilities

ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

for teachers and non-instructional personnel in lieu of fingerprint submission:

I swear or affirm that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____

_____ My commission expires _____ NOTARY PUBLIC, STATE OF FLORIDA _____

My signature, as a Notary Public, verifies the affiant's identification has been validated by _____

Attachment #4
Student Disqualification Guidelines-Criminal Background

A student may be denied clinical placement by a health care facility if the student admits to, or if a criminal background check reveals charges for one or more of the following generic crimes or their equivalents.

Murder
Manslaughter
Carjacking
Use of a weapon in the commission of a crime
Robbery or theft (including, but not limited to, theft by falsification of financial records or embezzlement)
Passing worthless checks
Credit card fraud/fraudulent use of a credit card
Forgery
Identity theft
Burglary
Arson
Kidnapping
False Imprisonment
Home invasion
Assault
Aggravated assault
Battery
Aggravated battery
Resisting arrest with violence
Domestic violence
Any stalking offense
Rape
Sexual battery
Trespass for sexual purposes (e.g., peeping)
Lewd and lascivious behavior
Lewd and lascivious act upon a child
Lewd act in the presence of a child
Child abuse
Child abandonment
Child neglect
Any other crime involving physical violence or a crime against a child
Possession of child pornography
Sale, delivery or trafficking in child pornography
Exploitation, neglect, or abuse of a disabled adult or elderly person
Sale, delivery or trafficking in narcotics (drugs)
Felony possession of a controlled substance
Any other felony level offense involving violation of a drug abuse prevention and control law (including but not limited to felony level possession, sale, purchase, manufacture, or

use of controlled substance in violation of applicable law)
Felony driving while intoxicated or under the influence of drugs or alcohol
Falsification of prescription records
Hate crimes
Terrorism
Escape or attempted escape from incarceration