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| **Hearts 2 Heal CNA & CPR Training LLC**  **18501 Maple Creek Drive Suite 200**  **Tinley Park Il. 60477**  **708-887-8820**  [Hearts2healcnatraining@gmail.com](mailto:Hearts2healcnatraining@gmail.com)  <http://hearts2heal4cnatraining.com>​ |
| **Policy Name: Background Check & Fingerprinting Policy** |
| **Total pages: 11** |
| **Effective Date: 11/ 2020** |
| **Date Revised: 11//2020** |

**According to the Joint Committee on Administrative Rules & Codes Section 395.171, Hearts 2 Heal will comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.**

Students of Hearts 2 Heal CNA & CPR Training LLC will be required to obtain a background check and fingerprinting prior to enrolling in the training program.

Fingerprint-based criminal history records check is required for the individual to work as a direct access worker, a CNA or a Direct Support Person in Illinois.

An individual will not be allowed to enroll in Hearts 2 Heal CNA & CPR Training LLC training program unless the individual has had:

1)         A criminal background check that reveals no disqualifying convictions, unless a waiver has been granted; and

2)         No administrative findings of abuse, neglect, or misappropriation of property.

3) See list below of those offenses in Section 25 of the Health Care Worker Background Check Act for which a conviction would disqualify the individual from finding employment as a direct access worker, a CNA or a Direct Support Person unless the individual obtained a waiver pursuant to Section 40 of the Health Care Worker Background Check Act.

The Department will establish and maintain a Health Care Worker Registry of students of Hearts 2 Heal CNA & CPR Training LLC.*\**\**Background check results time may vary and can take up to six weeks. Students may complete several sessions of the basic nursing assistant training program before notification of a disqualifying conviction and removal from the program.*

**STUDENT ACKNOWLEDGMENTS**

1. I hereby acknowledge receipt of Hearts 2 Heal CNA & CPR Training LLCs Background Check & Fingerprinting Policy which contains information describing Joint Committee on Administrative Rules of the Health Care Workers Act and student responsibilities. Hearts 2 Heal CNA & CPR Training LLC Background Check & Fingerprinting Policy is included as part of this enrollment agreement and I acknowledge that I have received a copy of this policy.

**Student Initials** \_\_\_\_\_\_

1. I understand that Hearts 2 Heal CNA & CPR Training LLC may terminate my enrollment if I fail to comply with attendance, academic, financial requirements, disqualifying convictions unless a waiver has been granted or if I fail to abide by established standards of conduct, as outlined in the school catalog and will not be eligible for a refund of any fees paid. As a student at Hearts 2 Heal CNA & CPR Training LLC, I understand that in addition to the above, students are responsible for maintaining a clean background to work as a CNA.

**Student Initials** \_\_\_\_\_\_

1. I acknowledge that any finding or "hit" on a background check means I will be removed from Hearts 2 Heal CNA & CPR Training LLCs program until a waiver is granted.  If there are reports of abuse, neglect, or misappropriation of property (theft) I will also be removed from the program.

**Student Initials \_\_\_\_\_\_**

1. Any individual or employee placed on the Health Care Worker Registry is required to inform the Department of any change of address within 30 days after the effective date of the change of address.

**Student Initials \_\_\_\_\_\_**

1. It is my responsibility to contact the Health Care Workers Registry to discuss possible waivers if applicable.

**Student Initials \_\_\_\_\_\_\_**

1. I have carefully read and received an exact copy of this signed policy.

**Student Initials** \_\_\_\_\_\_

The student acknowledges receiving a copy of this completed background & fingerprinting agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

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Student’s Signature Date Program Director’s Signature Date