

NTC Criminal Records Check starting process

Please return completed form to Medication Aide Instructor.

Student Name: _____

Last First Middle

Initial: I have requested the following The code to use is: **ORC 4723.091**

National WebCheck:

State (BCI) Only

Both State (BCI) AND Federal (FBI)

Purpose of Background Check: NTC Medication Aide Program Clinical Rotation Fingerprinting was conducted on: _____ Date

Fingerprinting was conducted by: _____ Operator Signature

Results are to be mailed to:

Nursing Training Center, LLC
2416 Esquire Drive, Suite C
Beavercreek, OH 45431

The address at the Ohio Board of Nursing (if enrolled in the Medication Aide program):

17 S High St #660

*Attention: Medication Aide
Columbus, OH 43215

A student registered for NTC Medication Aide Training course who has any of the criminal records listed will be required to drop from the Medication Aide Training course and to investigate through the legal system the nature of the offense in regard to the Ohio Department of Health (ODH) Ohio Revised Code (ORC) Rule 3701-61-10.

The recommendation is, if possible, to have the offense expunged. Nursing homes used as our clinical sites will not allow students with these offenses to practice in their setting for the completion of the required clinical portion of the MA-C course.

Due Before the 24th hour of class: That is the end of the 3rd day of the eight (8) hour classes and the end of the 6th day of the four (4) hour classes. Note: This is not the Criminal History Check Request Form and may not be used as such. This form is only to verify that the student has started the process of requesting their criminal history check.