

Nursing Training Center, LLC

BACKGROUND CHECK STUDENT VERIFICATION FORM

FOR DEPARTMENTAL USE ONLY

Please return completed form to Medication Aide Instructor.

Student Name: _____
Last First Middle Initial

I have requested the following 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

*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.