PALM BEACH STATE COLLEGE
Health Sciences, EMT, Paramedic Programs

STUDENT ACKNOWLEDGMENT/CONSENT FOR RELEASE OF INFORMATION

I understand that an essential component of my education in a health science program at Palm Beach State College is a requirement for clinical experience.

In accordance with new clinical affiliation agreements, I have been informed that clinical agencies require students have the following background screenings:

1. Social Security Number verification
2. Criminal background search (15 years or up to 5 searches)
3. Violent Sexual Offender and Predator Registry search
4. HHS & (Health Human Services) /OIG (Office of Inspector General) List of Excluded Individuals/Entities
5. GSA (General Services Administration) List of Parties Excluded from Federal Programs
6. Employment verification (including reason for separation and eligibility for re-employment for each employer)
7. U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN)
8. Applicable state exclusion list

I acknowledge that the clinical agency may determine my eligibility to participate at their facility following review of any specific criminal charges, other positive background searches and/or positive drug results that would disqualify me from attending the clinical experience, and that Palm Beach State College is not involved in, and has no control over, that determination. I understand that if I am disqualified from clinical experience as a result of the criminal background, drug or other screening, I would be ineligible to continue in any health sciences, EMT or Paramedic program at Palm Beach State College. I also acknowledge that failure to sign this form will prevent participation in the clinical component of my program thus preventing me from continuing in the program or other Palm Beach State health science program with clinical requirements.

By signing below, I hereby authorize Palm Beach State College to request and receive the results of any or all of the background, drug and other screenings listed above on me and to release the information of these results to the clinical agencies. A copy of the signed form will be provided to you.

Print Name:_____ SSN: _____

Date of Birth: _____ Place of Birth:_____
City/State/Country

I have worked, resided or been a student in the state of Florida for the past 15 years.*
_____ Yes _____ No

If no, provide the following: City_____State_____ ZIP_____ or Country_____
* Federal criminal background screening may be required.

_____ _____
Student Signature Date

Program: _____

_____ _____
Witness—Palm Beach State employee Date