

Informed Consent Form Criminal Background Check Health Sciences Clinical Placement

The Health Sciences curricular criteria and academic standards for course credit and program achievement require students enrolled in the program to undergo training at clinical sites. A critical element of determining a student's suitability for participation in the program as well as assignment at one or more clinical sites during the course of his or her program is to determine that the student does not have a criminal record of drug-related and/or other felonies that might place the clinical site in jeopardy by the placement of an unsuitable student at their institution.

The Community College of Denver is required to declare to the hosting institution the suitability of every student assigned to that institution. Therefore, all Health Sciences students must undergo an annual criminal background check as a term and condition of their participation in clinical experiences in the College's Health Sciences programs.

Any and all costs associated with the aforementioned criminal records check will be borne by the student. Prior criminal records checks results will not be accepted.

Background check information will be maintained in a separate file from the student's academic record. Access to this file will be governed by the Family Educational Rights and Privacy Act (FERPA).

General Release

I _____, for myself, my successors, agents and estate, hereby
(Please print)

release the State of Colorado, the State Board for Community Colleges and Occupational Education (SBCCOE), The Community College of Denver and all current and former employees, agents and attorneys of the State of Colorado from any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of my undergoing a criminal records check as required for participation in clinical experiences in the CCD Health Sciences Programs.

Furthermore, I understand that this release shall be forever binding and no rescission, modification or release therefrom may be made without the express written consent of The Community College of Denver and SBCCOE.

Furthermore, I have received all the information necessary to make an informed decision regarding this release. I fully understand the terms and consequences of agreeing to this release, and acknowledge that I voluntarily and of my own free will am waiving my right to assert any action against the State of Colorado, the State Board for Community Colleges and Occupational Education, The Community College of Denver and all current and former employees, agents and attorneys of the State of Colorado, and agents of The Community College of Denver performing services on behalf of the College, for any and all claims, causes of action, liabilities expenses and for damages which I may assert against any of them as a result of my undergoing a criminal records check as required for participation in clinical experiences in the CCD's Health Sciences Programs.

Limited Release of Criminal Record and Drug Screen Results

I _____, hereby authorize any representative of the
(Please print)

Community College of Denver and its agents to release any and all information pertaining to my criminal record to any authorized clinical site representative it deems appropriate in order to determine my suitability to participate in clinical experiences in the College's Health Sciences programs and/or to be assigned to a clinical site selected by the College. A photocopy of this release will be sufficient to authorize the release of the aforementioned information.

Name: _____
Print Name Signature Date