CRIMINAL BACKGROUND CHECK

NOTICE TO STUDENTS, RESIDENTS, AND TRAINEES

As of August 12, 2005, the Texas Tech University System Board of Regents approved a policy requiring that Texas Tech University Health Sciences Center El Paso (TTUHSCEP) obtain criminal background checks for students, residents and trainees in the various clinical training programs in order to protect healthcare patients. Affiliating institutions which provide training to TTUHSCEP students, residents and trainees routinely require that affiliated healthcare training programs such as TTUHSCEP comply with requirements imposed on their employees by The Joint Commission. Thus, TTUHSCEP is not able to place trainees at these institutions unless the students, residents and trainees have undergone a criminal background check (CBC). The CBC will be used to determine eligibility, character and fitness for meeting the educational, training and licensure requirements, where applicable, of the respective healthcare professions. The cost for performing any and all CBCs will be the responsibility of students, residents or trainees. The information regarding criminal history record information will be obtained via the student’s, resident’s or trainee’s self-disclosure and a background check conducted by an outside vendor. This confidential information will be provided to TTUHSCEP and submitted only to those persons with a legitimate need-to-know. Refusal to consent to a criminal background check as and when deemed necessary by the respective TTUHSCEP School or Graduate Medical Education, program will preclude students, residents, or trainees from beginning or continuing their education or training at TTUHSCEP, i.e., will result in immediate dismissal of those persons already matriculated/enrolled, and will cause TTUHSCEP to withdraw its offer of admission to applicants who have not yet matriculated/enrolled.

I have read this document and understand its implications, and further agree that I will be required to undergo a mandatory criminal background check. I understand that any determination of ineligibility for participating in clinical training, as determined by the specific education/training program in which I am enrolled/assigned, will result in dismissal from TTUHSCEP.

___________________________________________________________________________  __________
Signature         Date