Nov. 2024

Dear School of Health & Patient Simulation, Workforce Development, Early Childhood Education and Behavioral Science Students:

Background record checks are required for College programs involving potentially unsupervised contact with children, the disabled, or the elderly, including fieldwork (a clinical affiliation, internship, externship, or field placement) with a private or public institution or facility. Such checks may include data provided by the Massachusetts Department of Criminal Justice Information Services; the Office of Inspector General/General Services Administration; the Massachusetts Department of Children and Families; the Massachusetts Sex Offender Registry Board; the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories. The purpose of the background check is to ensure a safe and protective environment for all clients, particularly members of vulnerable populations.

Students with certain convictions or pending court actions and/or those choosing not to consent to the required background checks will be ineligible to participate in fieldwork involving vulnerable populations. Ineligibility to participate in fieldwork may affect a student's ability to complete the program.

The College's CORI Board determines eligibility to participate in fieldwork activities. Students have the right to appeal the determination of the CORI Board by filing a written appeal with the Vice President of Student Affairs within 10 business days of receiving the CORI Board's determination.

Furthermore, please be advised that eligibility to participate in College academic and/or fieldwork activities following a background check does not guarantee eligibility to sit for a professional credentialing examination(s) or for employment upon program completion. It is the student's responsibility to contact the certification or licensure board for a particular healthcare or other service profession to determine the standards that must be met for credentialing, licensing and/or employment in that field.

Instructions: Criminal Offender Record Information (CORI) Acknowledgement Form

- Due WITHIN 10 DAYS OF ACCEPTANCE or deadline stated on program Health Requirement Checklist at stcc.edu/healthservices
- Annual renewal may be required depending on program
- **Complete the form on campus or off. Both options require presenting a valid ID to the Verifier before signing the form.** Examples: government issued driver's license or identification card or passport with a photograph, military identification card, or Native American Tribal documents. Temporary ID not accepted. **If under 18 years of age**, guardian must be present to sign form and provide their ID.

  ➢ **Choose one:**

  1. **If you want to upload the form, first you must bring to a Notary Public for verification**. Find a Notary at bank or town offices or click here for STCC Notary Availability. Once notarized, upload to the appropriate Dynamic Form:
       Health and Wellness Center Dropbox (STCC Account required)
       or
       Workforce Student Dropbox (Students without STCC Account)
  2. **Complete on campus at the Health & Wellness Center** [Building 19, Room 177 Monday through Friday 830am-330pm]. Remember to bring a valid ID for verification.

For more information regarding reports with a criminal finding, contact me directly.

Sincerely, Maryellen Baker, RN, Student Background Record Check Review Officer | School of Health and Patient Simulation | Director of Health Compliance | compliance@stcc.edu

Criminal Offender Record Information (CORI) Acknowledgement Form

STCC is registered under the provisions of M.G.L. c 6 β 172 to receive CORI for the purpose of screening current and otherwise qualified prospective students and employees. As a prospective/current student or employee, I understand that a CORI check with my personal information is to be submitted to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to **STCC** to submit this CORI check. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **STCC** with written notice of my intent to withdraw consent to a CORI check. I also understand that **STCC** may conduct subsequent CORI checks within one year of the date this Form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information provided on this form is true and accurate.

_____   _____   _____   _____
Signature of CORI Subject   *Date:*   *Student ID*   *Program*

_____   _____
Signature of CORI Subject's Guardian (if applicable)   *Date:*

*Asterisk indicates field is required! Please print legibly.

*First Name:_____   **Middle Name:**_____

*Last Name:_____   **Suffix (Jr., Sr., etc.)**_____

*Former Last Name 1/Maiden Name:_____

Former LName 2:_____**Former LName 3:**_____

*Date of Birth (MM/DD/YEAR) _____   **Place of Birth:**_____

*Last SIX digits of Social Security #: ____ ____--___ ___ ___ ___   **[If no SSN, enter zeros & complete ALL fields in this section]**

*Current Street Address:_____

*Apt. # or Suite:_____***City:**_____***State:**_____***Zip**_____

Sex: _____Height:_____Eye Color:_____Race:_____

Father's Full Name:_____

Mother's Full Name:_____

OFFICIAL USE: SUBJECT VERIFICATION BY STCC OR A NOTARY PUBLIC

STCC: Legibility checked AND subject verified by reviewing: _____
List the form(s) of government-issued identification

Verified by: _____
STCC Verifier: Name, Date, Signature

NOTARY PUBLIC:

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared _____(name of CORI requestor) and proved to me through satisfactory evidence of identification, which was _____ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that they (he)(she) signed it voluntarily for its stated purpose. _____

Signature of Notary Public   *Date my Commission expires*   (Notary stamp or seal required)