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 include data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Office of Inspector General/General Services Administration (OIG/GSA); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); 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.** 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. **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 School of Health and Patient Simulation Dean’s Office**
      [Building 20, Room 320 (3rd Floor) Monday through Friday 830am-330pm]. Remember to bring a valid ID for staff verification.

For more information regarding the College’s student CORI/SORI review process, contact me directly.

Sincerely, Maryellen Baker, 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)