

Revised January 2022

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 healthcare provider or daycare provider. 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 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 successfully complete the program.

Based upon the results of the background checks, a student may be deemed ineligible to participate in academic or fieldwork activities, which may impact a student's ability to successfully complete program requirements. Background checks are reviewed by the College's CORI Board. The CORI Board determines eligibility to participate in academic and/or 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 for Completing the CORI Acknowledgement Form

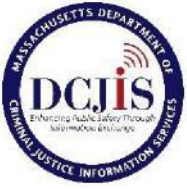
| | |
|---|--|
| Due | WITHIN 10 DAYS OF ACCEPTANCE and annually thereafter |
| Why | Must be on record at the College before you are eligible to register/enroll |
| Valid Approved Identification (ID) | Form verification cannot occur without valid identification. <u>Examples:</u> state-issued driver's license, state-issued identification card with a photograph, passport, military identification card, or Native American Tribal documents. Temporary ID is not accepted. |
| Students Under 18 Years Old | Parent/guardian must also be present along with their valid approved ID. |
| Verification of Person(s) | The form signature(s) and person(s) may be verified/authenticated one of two ways: 1) Off campus by a Notary Public: The two page stamped/sealed form may be submitted to the Health and Wellness Center, B19/Room 177 electronically via STCCNet DropBox , or Fax: (413) 755-6045. <u>OR</u> 2) On campus: The two page form may be verified by the Health and Wellness Center staff, located in Building 19, Room 177. An original signature is required on the form along with a valid, approved ID for verification purposes. |

For more information regarding the College's CORI/SORI check process, please feel free to contact me directly.

Sincerely,

Maryellen Baker, RN, CORI/SORI Review Officer

School of Health and Patient Simulation | Director of Health Compliance | mtbaker2001@stcc.edu



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ STCC _____ is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____ STCC _____ to submit a CORI check for my information to the DCJIS. 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.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

STCC may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that STCC, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

Signature of CORI Subject Guardian (if applicable)

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

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

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

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

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

*Program: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

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

Authentication of Signature or Person: Two Options (Choose One)

1) OFF CAMPUS: Notary Public Authentication of Signature or Person

Please note that ALL fields in this section must be completed by the 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 (he)(she) signed it voluntarily for its stated purpose.

Signature of Notary Public
(Notary stamp or seal is also required)

Date my Commission expires

2) ON CAMPUS: IN PERSON VERIFICATION

OFFICIAL USE ONLY: To be completed by VERIFYING EMPLOYEE AT STCC

The above information was verified by reviewing the following form(s) of government-issued identification: _____

PRINTED, DATED AND SIGNED NAME OF VERIFYING EMPLOYEE

NOTARY STAMP HERE