

Background Checks Policy and Procedure

MHPC OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Subject: Admissions

Number: 404

Title: Background Checks

Date: 4/31/10

Reviewed/Revised: 04/29/20

Purpose: To comply with Missouri state laws which prohibit hospitals or other providers from knowingly allowing those who have been convicted of, pled guilty to or nolo contendere in this state or any other state or has been found guilty of a crime, which is committed in Missouri would be a Class A or B felony violation, to give care to clients in their agency.

Policy: As part of our agreements with our clinical facilities, we have a responsibility to ensure that our students are safe practitioners in the clinical setting. To comply with this responsibility, students are required to submit to background checks through the Family Care Safety Registry (FCSR), Missouri Highway Patrol, the Missouri Department of Health and Senior Services (sanction list) and any agency thereof, the FBI and any other law enforcement agency of and state of the United States, the Office of Inspector General sanction list and the General Services Administration EPLS sanction list if necessary as well as any other background screenings that may be required by the clinical fieldwork sites.

Offers of acceptance to the MHPC OTA Program are made as conditional offers. Applicants may be denied admittance if background screenings are returned with certain felony convictions. An applicant who refuses to authorize and pay for background screenings or who has a negative background check may not receive a final offer of admission. A current OTA student who refuses to authorize and pay for testing or whose background check returns certain felony convictions may not be allowed to continue in the OTA program. Certain felony convictions may disqualify a student from participating in required course work involving client interaction and may affect the student's ability to complete the program.

Students who are selected for admission or enrolled in the Program must report any arrest, charge, or conviction under a criminal drug or alcohol statute for violations occurring on or off college premises, within five (5) days of the occurrence. Students convicted of involvement in a criminal drug or alcohol offense will be dismissed from the OTA program. Acceptance into and completion of the program does not guarantee licensure. In addition, a felony arrest, charge, or conviction may affect a student's ability to be placed in clinical fieldwork settings, and a graduate's eligibility to sit for the NBCOT Certification Exam or attain State Licensure.

Procedure: Acceptance letters developed by the MHPC OTA Program and approved by the college campuses list a contingency of acceptable background screenings, at the student's expense, to be performed prior to OTA classes beginning in August.

1. Student completes and returns the Criminal History Records Disclosure Consent to the OTA Admissions Coordinator by the established deadline.
2. Student applies for registration to the Missouri Family Care Safety Registry (FCSR) at the student's own expense. This registry helps ensure that persons who care for children, the elderly and the physically or mentally disabled can easily be screened as required by Missouri law. Upon registration, the FCSR will send a background screening letter to the student's home mailing address.
3. Student must submit a copy of the FCSR background screening letter and any other required screenings to the OTA Admissions Coordinator by the established deadline.
4. A nationwide criminal background check is required, at the student's expense, and coordinated by the OTA Admissions Coordinator.
5. Background screening results are maintained electronically on a secure network at the MHPC OTA office in Columbia. Students keep copies of all background screenings and are required to submit the results to their clinical fieldwork sites during the professional year as necessary.

(See attached form)

Criminal History Records Disclosure Consent

RSMo 660.317 prohibits a hospital, or other provider, from knowingly allowing those who have been convicted of, pled guilty to or nolo contendere in this state or any other state or has been found guilty of a crime, which is committed in Missouri would be a Class A or B felony violation, to give care to clients in their agency. As defined by state law, these are violations of chapter RSMo 565 (domestic violence/violence against a person), RSMo 566 (sex offenses) or RSMo 569 (robbery, arson, burglary or related offenses), or any violation of subsection 3 of section 198.070 RSMo (abuse and neglect), or section 568.020 RSMo (incest).

RSMo 660.315 requires an inquiry whether a person is listed on Missouri Department of Health and Senior Services disqualification list. In addition to these records, an on-line search will be conducted to determine if a student is on other government sanction lists. These on-line searches include Office of Inspector General (OIG). As a requirement of the admissions process for the Missouri Health Professions Consortium (MHPC) Occupational Therapy Assistant (OTA) Program, and in response to RSMo 660.317b and 660.315, students accepted into the program will be required to consent to release of their criminal history records (RSMo 43.450) for the sole purpose of determining the applicant’s ability to enter patient care areas in order to fulfill the requirements of the OTA program.

The Missouri Health Professions Consortium (MHPC) is hereby granted my permission, consent, and authorization to obtain all background check information maintained on me by the Family Care Safety Registry (FCSR), Missouri Highway Patrol, the Missouri Department of Health and Senior Services (sanction list) and any agency thereof, the FBI and any other law enforcement agency of and state of the United States, the Office of Inspector General sanction list and the General Services Administration EPLS sanction list if necessary. I understand that the Missouri Highway Patrol background check and nationwide criminal background screenings will be obtained to determine class A and class B felonies, and the MHPC is hereby authorized to obtain the other background information listed above. The information received will remain confidential (RSMo 43.540) and will be shared if requested by the home campus and clinical fieldwork sites as necessary for the sole purpose to determine a student’s ability to enter patient care areas in order to complete the requirements of the MHPC OTA Program.

Any student who is found to have a criminal history for a class A or class B felony, as defined by state law, or is found to be on one of the governmental sanction lists will not be able to continue enrollment in the MHPC OTA Program. Students who are selected for admission or enrolled in the Program must report any arrest, charge, or conviction under a criminal drug or alcohol statute for violations occurring on or off college premises, within five (5) days of the occurrence. Students convicted of involvement in a criminal drug or alcohol offense will be dismissed from the OTA program. Acceptance into and completion of the program does not guarantee licensure. In addition, a felony arrest, charge, or conviction may affect a student’s ability to be placed in clinical fieldwork settings, and a graduate’s eligibility to sit for the NBCOT Certification Exam or attain State Licensure.

I understand that these background screenings are used for the sole purpose of determining my ability to enter patient care areas in order to complete the clinical requirements of the MHPC OTA Program and I hereby consent to the use of such information as stated in this disclosure consent. I also understand my background screening results will be submitted to the home campus and/or clinical sites if requested and if my background prohibits my placement in the clinical setting, I understand that will not be able to successfully complete the MHPC OTA program.

By completing my information below, I confirm my understanding of and consent to the above Criminal History Records Disclosure.

Legal name: _____ SS# _____

Maiden/Alias name(s): _____

Address: _____
Street address City State Zip

Date of birth: _____ Place of birth (city/state) _____

List each state where you have lived for the past 10 years: _____