Miami Dade College
Medical Campus

ACKNOWLEDGMENT AND CONSENT FOR RELEASE OF INFORMATION

I understand that placement in a clinical setting is an essential component of my education in a health science program offered by the Medical Campus of Miami Dade College.

I have been informed that many healthcare agencies require a level 2 criminal background screening as a prerequisite for placement in an agency. I hereby consent to Miami Dade College receiving the results of my level 2 criminal background screening. I also understand that this information will be held confidential by the College and will not become a part of my student record. I give the College permission to disclose and/or share the results of the screening with a clinical agency for the sole purpose of clinical placement eligibility within a clinical agency.

I acknowledge that the clinical agency may make the determination, regarding specific criminal charges that would disqualify me from participating in a clinical program, and that Miami Dade College is not involved in, and has no control over, that determination. I understand that if I am disqualified from participating in the clinical program as a result of the criminal background screening, I may not be permitted to continue in the Medical Campus program in which I am enrolled.

I hereby sign this form voluntarily with the understanding that a level 2 criminal Background check is a prerequisite to clinical placement in a Miami Dade College Medical Campus program.

Name: _____

Date of Birth: _____

MDID: _____

I have worked, resided or been a student in a state other than Florida, or a country other than the United States, during the past 24 months:

Yes _____ No _____

If yes, name of state or country:

_____

_____

Signature/Print Name