

Dear Early Childhood Diploma Applicant:

Thank you for your interest in applying to the Indian Hills Community College Education program. Our program prepares students to work in an Early Childhood setting or become a PreK-12 teacher in a public or private school district. By entering the Education program, you are on the right path to reach your future goals.

According to the Iowa Department of Human Services and the Department of Education a background check and a national fingerprint background check is required. These checks focus on possible criminal activities, sex offender, child and dependent adult abuse registries. Therefore, this program is closed to all applicants with a felony record, conviction of a serious misdemeanor crime or any crime of immorality.

Background checks are required pending entrance to the Education program. It would be unfair to the student for Indian Hills Community College to allow them to complete the education curriculum only to be refused acceptance into an Early Childhood setting.

1. There are two documents to complete. One is a Questionnaire for Participation Form and the other is the Criminal History Record Check Authorization for Release Form. The Questionnaire for Participation Form is required to be in compliance with Iowa law which states that this institution can only receive a criminal background check for violations and convictions in the State of Iowa. In completing and signing this form, you, the applicant states that you have not been charged with or convicted of the above listed offenses anywhere in the United States. This component is needed to admit you into the Early Childhood Diploma Program.
2. The second check that needs to be complete is a finger printing check. A finger printing card will be sent to you from Admissions. Once you have the card, you can go to any local law enforcement station to complete this check. If you do, you would pay the small fee to have it completed. Just know that the results need to be mailed to

ATTN: Program Director, Education
Indian Hills Community College
525 Grandview Ave
Ottumwa, IA 52501

Another option is to have Tim King, Program Director for Criminal Justice on the Ottumwa Campus complete the steps and then you must give the card to Deb Vos, Program Director for Education and your card will be mailed in to get your results. You, the student must contact Tim King at Tim.King@indianhills.edu to make arrangements to have this quick procedure completed. This step must be complete before or during the first term of the program. Observation hours are part of the first term coursework and without this step complete, you would not be able to participate in the class and may fail the course. No money is needed. These fees are part of a first term course ECE 103 Introduction to Early Childhood.

Upon receipt of the completed forms, we will submit the Criminal History Record Check Authorization for Release Form to the Iowa Department of Criminal Investigations (DCI) to perform the background check. A reply is usually received with a day or two. At that point you will be added to the program.

Again, please complete both forms and mail to:

ATTN: Program Director, Education
Indian Hills Community College

525 Grandview Ave
Ottumwa, IA 52501

We appreciate your interest in the Indian Hills Community College Education program and sincerely look forward to working with you. If you have any questions, feel free to contact me at (641) 683-5111, ext. 1835 or by email at Debra.Vos@indianhills.edu

Respectfully,

Deb Vos

Deb Vos Ed. S
Program Director, Education

**QUESTIONNAIRE FOR PARTICIPATION
IN THE INDIAN HILLS COMMUNITY COLLEGE
EDUCATION PROGRAM**

YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been “sealed” or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- | | <u>Yes</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Have you ever been charged or convicted of any felony offense
(Including those under the Uniform Code of Military Justice) | ___ | ___ |
| 2. Have you ever been charged with or convicted of a firearms or
explosives offense? | ___ | ___ |
| 3. Have you ever been charged with, convicted of or is there currently
any charges pending against you for domestic abuse? | ___ | ___ |
| 4. Have you ever been charged with or convicted of any offense(s)
related to alcohol or drugs? | ___ | ___ |
| 5. In the last 5 years, have you been arrested for, charged with, or
convicted of any offense(s) not listed to questions 1-4 above?
(leave out traffic fines of less than \$150 unless the violation was
alcohol or drug related.) | ___ | ___ |

Print Your Full Name

Signature

Date

Address

City

Phone

Declaration – I declare that the information that I have given is correct, and I understand that any attempt to give false information could lead to removal from the class and the Education Program.



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _

Phone: _

Fax: _

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<p style="text-align: center;"><u>Iowa Criminal History Record Check Results</u></p> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: center;">DCI initials _____</p>	<p>(DCI use only)</p>
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