

Dear Education Applicant:

Thank you for your interest in applying to the Indian Hills Community College Education program. Our program prepares students to become a classroom teacher in a public or private school district anywhere from Preschool to 12th grade and the Early Childhood Diploma program prepares student to work in a child care setting as soon as they earn their diploma.

According to the Iowa Board of Educational Examiners (BOEE and the Department of Human Services), a state background check, a national fingerprint background check, a check of the sex offender and child and dependent adult abuse registries is to be conducted on all applicants preparing to obtain an Iowa teaching licensure (2019) or work in a child care setting. 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. Since it would be unfair to the student for Indian Hills Community College to allow a student to complete the entire education curriculum only to be refused acceptance into a 4-year institution, licensure and or employment.

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. Again, it would be unfair for an applicant to successfully complete the education program only to be turned away from a 4-year institution or unemployable in the field.

Along with the two forms, a check, money order or cashier's check payable to Indian Hills Community College in the amount of \$20.00 is required as a processing fee and should be placed in the same envelope with the two forms.

Upon receipt of the completed forms and money, 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 allowed into the program. It is very important to complete the forms and send the processing fee as soon as possible to be accepted into the Education program prior to the start of Fall term. Your documentation will not be processed without both forms or the money to process the forms.

**All students entering the Early Childhood Education Diploma Program:** These students are also required to complete the fingerprint card. These will be mailed to students after we have received your application. The fingerprint card can be completed by Deb Vos, Program Director of Education at Indian Hills Community College. Please schedule a time to have your fingerprints rolled at 641-683-5111, ext. 1835 or at [Debra.Vos@indianhills.edu](mailto:Debra.Vos@indianhills.edu). Alternatively, the fingerprint card can be completed at your local police station, however, they may charge you a fee for completing the card. Once the card is complete, give to the Program Director of Education. The card will be mailed to the appropriate agency and results will be sent back to the Program Director of Education. If you need a new fingerprint card, please contact [admissions@indianhills.edu](mailto:admissions@indianhills.edu).

**Again, please complete both forms and add a check, money order or a cashier's check 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](mailto:Debra.Vos@indianhills.edu)

Respectfully,

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<br>(Including those under the Uniform Code of Military Justice)  | ___        | ___       |
| 2. Have you ever been charged with or convicted of a firearms<br>or explosives offense?   | _____      |           |
| 3. Have you ever been charged with, convicted of or is there currently<br>any charges pending against you for domestic abuse?   | ___        | ___       |
| 4. Have you ever been charged with or convicted of any offense(s)<br>related to alcohol or drugs?   | ___        | ___       |
| 5. In the last 5 years, have you been arrested for, charged with, or<br>convicted of any offense(s) not listed to questions 1-4 above?<br>(leave out traffic fines of less than \$150 unless the violation was<br>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, 1<sup>st</sup> Floor**  
 215 E. 7<sup>th</sup> 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:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (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:*** \_\_\_\_\_

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