

**Indian Hills Community College District
Health Sciences Division**

APPLICANT IDENTIFICATION AND RELEASE REGARDING INVESTIGATION OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE, CRIMINAL HISTORY AND DRIVING RECORD IDENTIFICATION:

(Please Print)

Nursing Essentials I / Nurse Aide (CNA)

Name: Last First Middle

Alias, Maiden, previous Married Name (Please list every previous name)

Address Street City State Zip

Date of Birth Social Security Number

Race Sex (M/F) State Issuing License

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? No Yes

If yes, please explain the nature of the incident and date of occurrence.

AUTHORIZATION AND RELEASE

The undersigned acknowledges:

1. I have executed this document in conjunction with admission into a health sciences program at Indian Hills Community College District. (Hereinafter referred to as "IHCC".)
2. I hereby authorize IHCC access to any criminal history record produced by federal, state or local law agencies pertaining to me.
3. I agree to release IHCC and any other person, company or other entity from any and all causes of action that otherwise might arise from supplying clinical agencies with information they may request pursuant to this release.
4. I understand that any false answers or statements or misrepresentations by omission made by me on this form or any related document will be sufficient cause for rejection of my application or for my immediate discharge should such falsifications or misrepresentation be discovered after the program begins.
5. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to the registry checks that are required by an affiliating agency, I will be unable to complete my program of study in the specified program.
6. I understand that during my educational program at IHCC, it is my responsibility to report any criminal, child abuse and adult abuse charges pending against my record. I further authorize IHCC to conduct background checks on my record at any time during my educational program as needed.

Applicant Signature _____

Date _____