

## 530-B Student Acknowledgment



The health programs at Mercy College of Ohio require you to complete **530-B Student Acknowledgment**. Please complete, sign and upload the document to your CastleBranch account.

While a criminal history is not an automatic barrier to final consideration for entry into one of the College's health programs, each student's circumstances will be considered on a case by case basis. Students are advised that the College relies on third parties, such as hospitals and other health facilities, to provide clinical education and that a criminal history can affect the College's ability to find placement for students. Mercy College of Ohio has no control over the decisions of third parties and the College makes no guarantee that it can place any student, with or without a criminal history. In addition to placement, certain criminal convictions may also have bearing on an individual's ability to obtain or maintain a professional license and/or employment, and applicants are advised to review these standards carefully. It is the responsibility of the student to check with the licensing/credentialing board and/or state in which they want to practice to determine if they are able to sit for exams; however, some states may not advise about the inability of students to sit for exams until the students are prepared to do so.

Candor about your criminal history is highly important: failure to disclose may result in disciplinary action up to and including dismissal from Mercy College of Ohio. You are required to notify your Program Administrator or Dean on an annual basis or more frequently, of any changes in your status within five days of the occurrence.

### Full Disclosure Requirement

You are required to disclose **anything** that may come up on a background check: convictions, pending criminal charges, probation/diversion, etc., **in writing**. Your answers must be truthful, accurate, and complete. You must complete this form to the best of your ability; if in doubt, disclose the charge.

1. I understand that I must submit to any required criminal background checks. I understand that information obtained from a criminal history check may result in a failure to be approved for required clinical assignments, and as such may result in my inability to progress through my degree program.
2. I understand that I must submit to any drug screens required by a clinical site that mandates such screens. I understand that information obtained from a drug screen may result in a failure to be approved for required clinical assignments, and as such may result in my inability to progress through my degree program.
3. I understand that Mercy College of Ohio reserves the authority to determine my eligibility to be admitted to the program and/or progress through the program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program

\_\_\_\_\_  
Student ID#

**Office: Academic Affairs**

**Date: 5/16/18**

**Copy to: Student's CastleBranch Account**