

Washington State Community College  
**Medical Laboratory Technology Program**  
**Criminal Background Check**

Upon acceptance to the Medical Laboratory Technology Program, the candidate is subject to a criminal background check coordinated by Marietta Memorial Hospital. The findings will determine the candidate's eligibility to be admitted to the clinical settings, and the graduate's eligibility to obtain a license.

Clinical sites may decline to accept a student based on his/her criminal background.

**Any candidate found to be ineligible to be placed in any of the program's clinical settings will be ineligible for final acceptance to the program.**

**To meet this requirement for final acceptance, the candidate must;**

- 1] *complete and sign the disclosure and release form*
- 2] *attach a check to **Marietta Memorial Hospital** in the amount of **\$40.00**.*
- 3] **Mail to:**

**Marietta Memorial Hospital**  
**ATTN: Human Resources**  
**401 Matthew Street**  
**Marietta, Ohio 45750**

Determination of the applicant's eligibility to be admitted to the clinical sites will be determined by the standards of Marietta Memorial Hospital Human Resources Department. If the Program Director is informed that the applicant would be ineligible to be admitted to the clinical sites based on the results of the criminal background check, the applicant would not be able to complete program requirements, and therefore, may not be able to complete the Medical Laboratory Technology Program at Washington State Community College.

If a candidate is denied admission to the program as a result of the content of the criminal background check or for failure to disclose or misrepresent information on the disclosure and release form, the seat will be forfeited for the application year.

If a candidate is denied admission to the program solely as a result of the criminal background check, he/she may dispute the report if he/she believes it to be in error. The applicant must inform the Program Director of the dispute within 2 days of receiving the denial for admission to the program based on the criminal background check. The applicant may request to see the report from Marietta Memorial Hospital Human Resources Department. The applicant will have one week to get the report amended. If not resolved within this time frame the seat will be forfeited for the year.

***I have read, understand, and agree to abide by this statement.***

signature \_\_\_\_\_ date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Washington State Community College  
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Disclosure and Release Form

Complete front and back of form. **Print legibly.**  
Attach payment to **Marietta Memorial Hospital in the amount of \$40.00.**

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\_\_\_\_\_ , \_\_\_\_\_  
Last name First name Middle name

other names used (including **maiden name**) \_\_\_\_\_  
\_\_\_\_\_

Current mailing address \_\_\_\_\_

\_\_\_\_\_ City State Zip

(\_\_\_\_\_) \_\_\_\_\_ (mo) \_\_\_\_\_ -(day) \_\_\_\_\_ -(yr) \_\_\_\_\_  
Current Telephone number Birthdate

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_  
Social Security number Sex (check one)

Previous address \_\_\_\_\_

\_\_\_\_\_ City State Zip  
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**Have you ever been convicted of a misdemeanor or felony?** YES \_\_\_\_\_ NO \_\_\_\_\_

**IMPORTANT NOTES:** Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use.

**Convictions or charges resulting in any of the following must be reported:**

Plea of guilty, nolo contendere (no contest), withheld or deferred adjudication, suspended or delay of sentence, military court martial.

*Candidates who are granted final acceptance to the program and are subsequently convicted of, plead guilty to, or have a judicial finding of guilt for any crime prior to the start of the program (Fall Term) or during the program must immediately notify the Program Director to determine if such action will negatively impact the student's ability to complete the program.*

signature \_\_\_\_\_ date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Washington State Community College  
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**Disclosure and Release Form**

I hereby give permission without reservation to Marietta Memorial Hospital, 401 Matthew St., Marietta, Ohio to conduct a criminal background check for the purpose of determining my eligibility to be placed in the Medical Laboratory Technology Program sponsored by Washington State Community College, 710 Colegate Drive, Marietta, Ohio.

I authorize without reservation, any party or agency contacted by Marietta Memorial Hospital or Washington State Community College to furnish any and all information necessary to complete the criminal background check required for admission to Washington State Community College Medical Laboratory Technology Program.

I understand that the information obtained will be used as **one** basis for acceptance, extension, or denial of placement in the aforementioned Medical Laboratory Technology Program.

I hereby give permission for Marietta Memorial Hospital to disclose the contents of this report to the Program Director of the Medical Laboratory Technology Program.

I hereby give permission for the Program Director of the Medical Laboratory Technology Program to disclose the contents of the report to the appropriate officials of any and all program clinical sites for the purpose of determining the candidate's eligibility for placement in the clinical setting.

I hereby discharge, release, indemnify, and hold harmless, Marietta Memorial Hospital, their agents for the purpose of preparing this report, Washington State Community College, all employees and agents of both institutions from any and all liability and claims arising from this report and its consequences.

**I hereby affirm that all information and all answers to questions that I have provided on the disclosure and release form are true and correct.**

**I understand that misrepresentations or omission of facts on this form will result in denial of placement in the program.**

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**Signing this statement indicates that I have read, understand, and agree to abide by the statements and agreements contained within, and will accept the determination of the Clinical sites and the Medical Laboratory Technology Program as to my eligibility for placement in Washington State Community College Medical Laboratory Technology Program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date