

Washington State Community College
EARN Pathway Program
Criminal Background Check

Upon acceptance to the Earn Pathway 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 EARN Pathway 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 _____

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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 EARN Pathway 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 EARN Pathway program.

I understand that the information obtained will be used as one basis for acceptance, extension, or denial of placement in the aforementioned EARN Pathway program.

I hereby give permission for Marietta Memorial Hospital to disclose the contents of this report to the Program Director of the EARN Pathway program.

I hereby give permission for the Program Director of the EARN Pathway 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.

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 EARN Pathway as to my eligibility for placement in Washington State Community College EARN Pathway Program.

Signature

Date

