Artificial Intelligence Policy

Artificial Intelligence (AI) tools and technologies must be used responsibly and ethically, aligning with the college's core mission and values. As such, students and faculty must ensure AI usage adheres to the college's standards for honesty and originality in coursework. Students are responsible for understanding and adhering to departmental and course-specific policies on AI usage and the penalties that may be imposed for the misuse of AI within those policies. Any violation of policies for AI usage may result in disciplinary action, including but not limited to failure, suspension, or disciplinary expulsion (see: "Disciplinary Action").

Background Check Policy for Health Science Division

Education of Health Science Division students at Wallace State Community College requires collaboration between the college and clinical affiliates. Education of these students cannot be complete without a quality clinical education component. The college shares an obligation with the clinical affiliates to protect the affiliate's patients to the extent reasonably possible from harm. The college wishes to ensure that the health and safety of students and patients are not compromised and that clinical affiliation agreements exist to provide students with quality clinical education experiences.

In establishing clinical affiliation agreements, healthcare educational programs are contractually obligated to comply with the requirements set forth by clinical affiliates. Student enrolled in health care educational program must conform to the rules, policies and procedures of the clinical affiliate in order to participate in clinical learning experiences. It is therefore the policy of Wallace State Community College Health Science Division that students enrolling in health profession programs submit to background checks.

Guidelines for Background Check on Health Profession Students

I. Persons to be Tested

Any student who is accepted into any Health Program at Wallace State Community College will be required to undergo a background check.

II. Types of Background Checks

Students shall received notification of the requirement for the background check prior to admission and upon admission to a health care program.

The background check may include, but is not limited, to searches, histories, and verifications as indicated below:

- **Positive Identification**
- **Maiden/AKA Name Search**
- **Social Security Number Trace** which is a verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased. The SSN trace is also used to locate additional names and addresses.
- **Residency History**
- **Education Verification**
- **Employment Verification** which may include the reason for separation and eligibility for re-employment for each employer. The last seven years may be searched if the student is 21 years of age or older.
- **Healthcare Employment Verification Network Search**
- **Nurse Aide Registry**
- **Professional License/Certification Verification**
- **Personal References/Interviews**
- **Seven Year Criminal Search** reveals felony and misdemeanor convictions, and pending criminal cases usually including the date, nature of the offense, sentencing date, disposition, and current status. The seven-year criminal background check may occur in current and previous counties of residence and employment through a search of court records. City, state, and/or federal records may

also be searched. Federal criminal cases may reveal tax evasion, fraud, drug offenses, etc.

- **Most Wanted List**
- **National Criminal Database Searches**, which includes a compilation of historical data, collected from multiple sources in multiple states by background check companies.
- **Adult and Child Abuse/Neglect Registries**
- **National Sex Offender/Predator Registry Search** which includes a search of the state or county repository for known sexual offenders.
- **Misconduct Registry Search**
- **Office of the Inspector General (OIG) List of Excluded Individuals/Entities** which identifies those individuals who have committed offenses deeming them ineligible to care for patients receiving Medicare, Medicaid and other Federal health care benefits.
- **General Services Administration (GSA) Excluded Parties List Service** identifies the List of Parties Excluded (EPLS) which identifies those excluded throughout the US Government from receiving Federal contracts and certain types of Federal financial/non-financial assistance/benefits.
- **Executive Order 13224 Terrorism Sanctions Regulations**
- **Government Suspect /Watch List**
- **Office of Foreign Assets Control (OFAC) list of Specially Designated Nationals (SDN)** which includes individuals associated with terrorism and Narcotics Trafficking.
- **FACIS Database Searches includes OIG, GSA, OFAC and other sources.**
- **National Healthcare Data Bank Search and Sanction Report** may include Medicare/Medicaid Sanction Search, OIG, GSA, and FDA Debarment Check.
- **Fingerprinting and the National Criminal Information Center** which may reveal National Wants and Warrants information
- **International Criminal**
- **Applicable State Exclusion List**
- **Any Other Public Record**

III. Consent

Students must sign the appropriate consent(s) for a background check at the time of admission to a health care program. A copy of the signed consent(s) will be maintained in the permanent student record. The student will provide applicable consent(s) to the vendor conducting the background check. If the student is under eighteen (18) years of age, the student's parent or guardian must sign the consent form in addition to the student.

IV. Background Check Procedure

The background checks will be conducted by a college-designated vendor according to program specific deadlines. Background checks or Background check Updates performed by any other vendor or agency will not be accepted. Students reinstated to a program after an absence from program coursework of one semester or more, will have to repeat background testing.
Students with completed background checks transferring to or starting another healthcare program with uninterrupted time may be allowed to conduct a background check update.

Students enrolled in programs which last longer than one calendar year must have a background check update beginning the fall semester of the second year.

The student will be responsible for the cost of the background check. Any student failing to pay the fee in effect at the time of the background check by the published deadline and/or refusing to sign the consent form(s) will not undergo a background check and will be prohibited from attending clinical learning experiences. The student in this situation will be dismissed from the program. A grade of "F" will be recorded for the course(s) if the student does not officially withdraw.

If a student is experiencing extenuating circumstances that prohibit completion of the background check by the deadline, they should contact the healthcare program director who will determine if the student will be allowed to proceed without the background check. No student will be allowed to attend the clinical experience until the full background check process is completed.

Some clinical affiliates may require an additional background check to fulfill requirements above those required by this procedure. If required, the expense of additional background checks will be the responsibility of the student.

V. Results

Results of the background check are available to the health care program director. Designees at the clinical affiliate will be provided with a copy, if requested, of negative results for students assigned to that agency.

The student with a positive background check will be informed of the results by the healthcare program designee and/or background check vendor. The student can access a copy of the background check results through the background check vendor website.

Students with a positive background check will be denied assignment to a clinical facility pending resolution of the background check finding. Students will be advised to contact the background check vendor to dispute any information reported and to clear any findings of the background check.

Background checks which could render a student ineligible to obtain clinical learning experiences include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment. Felony or repeated misdemeanor activity within the past seven (7) years and Office of the Inspector General violations will normally prohibit the obtainment of clinical learning experiences with clinical affiliate(s). Positive findings on background checks can have licensure implications upon graduation from a health program.

Students who are unable to resolve a positive background check will be dismissed from the health care program. A grade of “F” will be recorded for the course(s) if the student does not officially withdraw. The student will be advised by a program advisor as to their eligibility for program re-entry and the mechanisms for reapplication to the program.

Results will be securely filed in the office of the health program. The healthcare program designee will have access to the results of the background check.

Results of any student’s background screen will be shared only on a need to know basis with the exception of legal, disciplinary or appeal actions which require access to the results.

Any offenses resulting in an arrest which occurs after an initial background check must be reported to the program director within 72 hours of the arrest and a background check update will be necessary for continuation in a health program.

(revised 04/2025)

Background Check Acknowledgment, Consent and Release Form

I have received and carefully read the Background Check policy and fully understand its contents. I understand that the healthcare program to which I am admitted requires a background check to comply with clinical affiliate contracts. By signing this document, I am indicating that I have read and understand Wallace State Community College's policy and procedure for background checks. I voluntarily and freely agree to the requirement to submit to a Background Check and to provide a negative Background Check prior to participation in clinical learning experiences. I further understand that my continued participation in the healthcare program is conditioned upon satisfaction of the requirement of the Background Check with the vendor designated by the College.

I understand that if I have a positive Background Check and I am denied access to clinical learning experiences at the clinical affiliates(s), that I will be dismissed from the program. A grade of "F" will be recorded for the course(s) if I do not officially withdraw.

I further understand that any offense resulting in an arrest occurring after my admission into a healthcare program must be reported to the program director within 72 hours of the arrest or I will be subject to dismissal from the program.

A copy of this signed and dated document will constitute my consent for release of the original results of my Background Check to the College. I direct that the vendor hereby release the results to the College. A copy of this signed and dated document will constitute my consent for the College to release the results of my background check to the clinical affiliate(s)' specifically designated person(s). I direct the College to hereby release the results to the respective clinical affiliate(s).

I agree to hold harmless the College and its officers, agents, and employees from and against any harm, claim, suit, or cause of action, which may occur as a direct or indirect result of the background check or release of the results to the College and/or the clinical affiliates.

I understand that should any legal action be taken as a result of the Background Check, that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I hereby authorize the College's contracted agents to procure a background check on me. I further understand this signed consent hereby authorizes the College's contracted agents to conduct necessary and/or periodic background checks as required by clinical affiliates.

Student Printed Name	Student Number	Student Signature
Date		Parent/Legal Guardian Signature (if student is a minor)