

THE CRIMINAL BACKGROUND CHECK (CBC) PROCESS AT MATC

The required forms for the Criminal Background Check (“Release and Conditions” and “Background Information Disclosure”) are attached. **When you fill out your forms, please use these initials for your program. See further directions on the next page.**

ANT	Anesthesia Technology	LPN	Practical Nursing
BIOMT	Biomedical Elec. Technology	MA	Medical Assistant
CLT	Clinical Laboratory Technology	MCS	Medical Coding
NA	Nursing Assistant & Bilingual Nursing Assistant	OTA	Occupational Therapy Assistant
CVT	Cardiovascular Technology	PHARMT	Pharmacy Technician (No drug convictions)
DA	Dental Assistant & Bilingual Dental Assistant	PHLEB	Phlebotomy
DH	Dental Hygiene	PTA	Physical Therapist Assistant
DIET	Dietetic Technician	RAD	Radiography
ECE	Early Childhood Education	RENAL	Renal Dialysis Technician
EMT-I	EMT-Intermediate Technician	RESPC	Respiratory Care
HSA	Human Services Associate	RN	Registered Nursing
HUC	Health Unit Coordinator	SURGT	Surgical Technology
INTP	Interpreter Technician	TEP	Teacher Education Program
MLI	Medical Language Interpretation - Health Services		

As part of the Admissions process, you should have already paid your non refundable \$15.00 CBC fee (ECE, INTP, TEP students will pay the non-refundable CBC fee as part of a course fee vs. admissions application fee-the CBC fee amount is \$30.00 for these programs due to affiliation agreements). **Checks/Money Orders are to be made payable to: MATC. PLEASE DO NOT SEND CASH.** If you have paid your CBC fee and completed MATC’s Criminal Background Check forms within the past four years for any of the programs listed above, you do not have to pay the CBC fee a second time. Please call the Paralegal Office at **(414) 297-7498** to verify this, or if you have questions.

Please carefully read the attached Release and Conditions form.

NAME _____ MATC ID# _____ DATE _____ PROGRAM NAME _____

MAIL CRIMINAL BACKGROUND CHECK FORMS TO:

Yolanda Smith, Room M240
Milwaukee Area Technical College
700 West State Street
Milwaukee, WI 53233-1443

or

DROP OFF CRIMINAL BACKGROUND CHECK FORMS TO:

Room M240, MATC Main Building
1015 North 6th Street
Milwaukee, WI

**DIRECTIONS FOR THE
CRIMINAL BACKGROUND CHECK (CBC) PACKET**

You have received a Criminal Background Check (CBC) Packet because you will be taking at least one class at MATC requiring a background check under the Wisconsin Caregiver law. There are two forms that **MUST** be completely filled out.

1. RELEASE AND CONDITIONS OF CRIMINAL BACKGROUND CHECK: Please read very carefully and sign and date at the bottom of the page.

2. BACKGROUND INFORMATION DISCLOSURE, STATE OF WISCONSIN HFS-64

On page 1, in the section: "Check the box that applies to you", check the "Other" box and write in that you are a "student."

On page 1, in the center of the page: Fill in the personal information. There is no need to enter "Position Title" or Business Name..."

On page 1, Section A, Question 1: Mark **YES** for this question if you have criminal charges pending against you, or if you were ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts, even if the charge was expunged.

If you answer **YES**, in the space under Question 1, write for each offense:

The year of the offense,

The name of the offense (e.g.: retail theft, battery, possession of a drug with intent to deliver), The city or county in which you were convicted; and the state if other than Wisconsin

On page 1, Section A, Question 2: Provide the same information as in Question 1 above if your offense was committed when you were between the ages of 10 and 17.

On page 2, Section B, Question 3: If you answer **YES**, either mail or drop off your **DD214** to the address given below.

On page 2, Section B, Question 4: If you answer **YES** to this question, call the Paralegal Office for information on how to obtain a Criminal Background Check from the state in which you formerly resided.

On page 2, Section B, Question 5: If you answer **YES**, in the space under question 5 write:

The year of your most recent Criminal Background Check other than one done at MATC.

The name of the organization or facility which conducted the Criminal Background Check.

On page 2, Section B, Question 6: if you answer **YES**, either mail or drop off a copy of your Rehabilitation Review to the address below:

**Ms. Yolanda Smith, Room M240
Milwaukee Area Technical College
700 West State Street Milwaukee,
WI 53233-1443**

(414) 297-7498

BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. Failure to comply may result in a denial or revocation of your license, certification or registration; or denial or termination of your employment or contract. Refer to the attached instructions (HFS-64 A) for additional information. Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches.

Please print your answers.

Check the box that applies to you.

- Employee / Contractor (Including new applicant)
- Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal)
- Other – specify:

NOTE: If you are an owner, operator, board member, or nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any other names by which you have been known (including maiden name)		Birthdate	Gender (M / F)	Race
Address			Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)				

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.		

(Continued on next page)

Section A - Continued	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <u>abused an elderly person</u> ? ➤ If Yes , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.		
Section B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied or revoked your license, certification or registration to provide care, treatment or educational services? ➤ If Yes , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If Yes , attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➤ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes , list the date of each check, and the name, address and phone number of the person, facility or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ➤ If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

A “NO” answer to all questions does not guarantee employment, residency, a contract or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
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**MILWAUKEE AREA TECHNICAL COLLEGE
DEPARTMENT OF ADMISSIONS
Release and Conditions of Criminal Background Check**

**Wisconsin Caregiver Law, §§ 48.685 and 50.065, Wis. Stats (as amended).
Milwaukee Area Technical College Admissions Policies**

STATUTORY RESTRICTIONS: I understand that the Wisconsin Caregiver Law bars individuals with certain types and recency of criminal convictions and other misconduct from placement in certain field or clinical sites. The MATC program(s) for which I have applied require at least one clinical / field placement assignment subject to the Wisconsin Caregiver Law.

RELEASE AND DOCUMENTATION: My signature below authorizes Milwaukee Area Technical College (MATC) to release my background check to appropriate staff at clinical and field placement sites that are affiliated with my program(s) at MATC, as well as to appropriate MATC administrative staff. I also agree to obtain any additional documentation necessary to complete my background check as required by clinical or field placement sites or the MATC Paralegal Office.

DISCLOSURE: I understand that the Wisconsin Caregiver Law requires that I inform MATC's Paralegal Office of any new charges or convictions that occur since I have signed this document and completed the State of Wisconsin "Background Information Disclosure" form (HFS-64).

ADDITIONAL RESTRICTIONS:

1. I also understand that the clinical and field placement sites that are affiliated with my program(s) at MATC may have policies that can result in additional restrictions relating to criminal or misconduct backgrounds that exceed those required by the Wisconsin Caregiver Law. By contract, MATC complies with these additional restrictions imposed by clinical or field sites.
2. **I understand that if I have a criminal or misconduct background, there is a possibility that one or more of MATC's clinical / field placement sites may deny me placement in their facility. If this occurs and despite due diligence MATC cannot locate another site willing to accept me, I understand that I may not be able to complete my program nor graduate from that program.**
3. **I will at all times conduct myself in a professional manner consistent with the standards governing my chosen profession and in accordance with the Health Occupations Division requirements for Academic, Ethical and Professional Conduct. Examples of inappropriate conduct that could lead to disciplinary action, up to and including dismissal from a Health Occupations program, include but are not limited to: loud, boisterous, offensive or otherwise inappropriate language or conduct; direct communication with clinical facilities to inquire regarding clinical placement processes, decisions or placement denials; attempts to make direct arrangements with clinical facilities for clinical placement.**

MATC LIMITATIONS: If I have a criminal or misconduct background, and I decide to continue to pursue a degree in a program requiring a background check, and later find that I am unable to complete my MATC program due to inability to complete clinical or field placements because of my criminal or misconduct background, I understand that MATC will not reimburse me for course fees, the cost of books, supplies, or other costs related to my enrollment.

Student Signature

Date

Print Student Name

Print Student Program