



GLEN OAKS COMMUNITY COLLEGE NURSING DEPARTMENT

INSTRUCTIONS ON HOW TO DO YOUR ICHAT BACKGROUND CHECK

(sample page attached)

This is a requirement for participation in the nurse aide course and must be done before you start classes

This background check costs \$10.00 and you will need a major credit card or a debit card with a credit card logo:

- Go to www.Michigan.gov on the internet
- From the center of the screen select “services”, & click the down arrow
- Choose Internet Criminal History Access Tool (ICHAT) by clicking on the green GO button
- Follow the instructions on the screen. When you get to “view your results”, please print a copy for your Glen Oaks file

IMPORTANT NOTICE: This is an initial background check in the State of Michigan that covers the past 3 years. It is for the purpose of your participation in the clinical portion of the nurse aide course. If you have not resided in Michigan for 3 years, you will need to do a totally different background check, so please get in touch with our office.

Glen Oaks Community College cannot guarantee that the State of Michigan will issue you a certification for nurse aide or that an employer will hire you, if you have felonies or misdemeanors on your record that fall under the category which exempts an individual from working in the health care field, **even if they are several years in the past.**

Full disclosure of any convictions is required, and the Consent Form enclosed requires you to state your complete understanding of this issue. Please see the attached sheet titled “STUDENTS WITH CRIMINAL CONVICTIONS SHOULD CONSIDER ANOTHER PROFESSION”, and Glen Oaks policy #3.21E also attached.

You need to return the Consent Form and a copy of your completed ICHAT check to the Nursing & Allied Health offices.

PLEASE SUPPLY A COPY OF YOUR DRIVER'S LICENSE OR OTHER LEGAL PICTURE IDENTIFICATION

CRIMINAL RECORD CHECK CONSENT FORM

As a health careers student at Glen Oaks Community College, I understand that it is the policy of the Institution to secure criminal conviction history information through ICHAT Services at Michigan.gov, using the information provided below. By signing this form you give the State of Michigan permission to release their findings to Glen Oaks Community College. **Note: A copy of your current driver's license must be submitted with this form.**

(Please print legibly)

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

PREVIOUS ADDRESS: (if less than 3 years)

Street City State Zip

FORMER NAME/NAMES PREVIOUSLY USED: _____

BIRTHDATE: _____ RACE: _____ SEX _____

As a condition of initial **or** continued enrollment in Glen Oaks Community College's Nursing & Allied Health Programs, I agree to report to Glen Oaks Community College immediately upon being arrested for or convicted of any crime(s) included in Glen Oaks Nursing & Allied Health Policies # 3.21C and 3.21E (page 40 and 41 of the Nursing Handbook & in Allied Health externship materials)

NOTE: (from Policy # 3.21E) Once admitted to a nursing or allied health program, students subsequently convicted of crimes listed therein will be dismissed from the Nursing/Allied Health Program. It is the student's responsibility to report changes in the status of his/her criminal background to the Assistant Dean of Nursing & Allied Health Programs.

I HAVE READ AND UNDERSTOOD THE ABOVE STATED POLICIES AND WILL ABIDE BY THEM.

Applicant's Signature

Date