



November 2023

Dear School of Health & Patient Simulation, Workforce Development, Early Childhood Education and Behavioral Science Students:

Background record checks are required for College programs involving potentially unsupervised contact with children, the disabled, or the elderly, including fieldwork (a clinical affiliation, internship, externship, or field placement) with a private or public institution or facility. Such checks include data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Office of Inspector General/General Services Administration (OIG/GSA); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories. The purpose of the background check is to ensure a safe and protective environment for all clients, particularly members of vulnerable populations.

Students with certain convictions or pending court actions and/or those choosing not to consent to the required background checks will be ineligible to participate in fieldwork involving vulnerable populations. Ineligibility to participate in fieldwork may affect a student's ability to complete the program.

The College's CORI Board determines eligibility to participate in fieldwork activities. Students have the right to appeal the determination of the CORI Board by filing a written appeal with the Vice President of Student Affairs within 10 business days of receiving the CORI Board's determination.

Furthermore, please be advised that eligibility to participate in College academic and/or fieldwork activities following a background check does not guarantee eligibility to sit for a professional credentialing examination(s) or for employment upon program completion. It is the student's responsibility to contact the certification or licensure board for a particular healthcare or other service profession to determine the standards that must be met for credentialing, licensing and/or employment in that field.

Instructions: Criminal Offender Record Information (CORI) Acknowledgement Form

- Due <u>WITHIN 10 DAYS OF ACCEPTANCE</u> or deadline stated on Program Requirement Checklist at <u>stcc.edu/healthservices</u> > Health Forms> Programs with Fieldwork
- Annual renewal required thereafter in order to register/enroll in classes

Complete the form on campus or remotely. Both options require presenting a valid ID to the Verifier. Examples: government issued driver's license or identification card or passport with a photograph, military identification card, or Native American Tribal documents. Temporary ID not accepted. Under 18 Years of Age? Guardian must be present to sign form and provide their ID.

Choose one:

- 1. **On campus at the Health and Wellness Center** [Building 19, Room 177 check website for office hours]. Bring a valid approved ID for staff verification purposes.
- Remotely via notarization. Bring the form to a Notary Public for verification and then submit the notarized form the Health and Wellness Center. Remote submissions via: STCCNet DropBox (STCC Account required) or Workforce DropBox/no STCC Account or Fax: (413) 755-6045.

For more information regarding the College's CORI/SORI check process, please feel free to contact me directly. Sincerely,



<u>Criminal Offender Record Information (CORI) Acknowledgement Form</u>

STCC is registered under the provisions of M.G.L. c 6 β 172 to receive CORI for the purpose of screening current and otherwise qualified prospective students and employees. As a prospective/current student or employee, I understand that a CORI check with my personal information is to be submitted to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to **STCC** to submit this CORI check. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **STCC** with written notice of my intent to withdraw consent to a CORI check. I also understand that **STCC** may conduct subsequent CORI checks within one year of the date this Form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information provided on this form is true and accurate.

Signature of CORI Subject	Date:	Student ID	Program
Signature of CORI Subject's Guardian (if applicable)	Date:	-	
*Asterisked fields are required! Please print	legibly.		
*First Name:		Middle Name:	
*Last Name:		Suffix (Jr., Sr., etc.)	
*Former Last Name 1/Maiden Name:			
Former LName 2:	Former LN	Name 3:	
*Date of Birth (MM/DD/YEAR) Pla		ce of Birth:	
*Last SIX digits of Social Security #:		[If no SSN: ente	er all zeros and complete
*Current Street Address:			
*Apt. # or Suite:*City:		*State:	<u>*</u> Zip
Sex:Height:Eye Color:		Race:	
Father's Full Name:			
Mother's Full Name:			
OFFICIAL USE: SUBJECT VEI STCC: Legibility checked AND subject verified by revie	RIFICATION BY S	TCC <u>OR</u> A NOTARY PUB	
	_	n(s) of government-issued	
Verified by:STCC Verifier: Name, Date, Signature	?		
NOTARY PUBLIC: On this day of, 20, befor (name of COR)			
identification, which was	(Ex: Driver's l	icense, passport, etc.), to	be the person whose name
is signed on the preceding or attached document, and stated purpose.	acknowledged to	me that they (he)(she) s	igned it voluntarily for its
Sianature of Notary Public Dat	e my Commission	expires (Notary st	amp or seal required)