

DES MOINES AREA COMMUNITY COLLEGE

Criminal/Abuse Background Checks

DMACC will complete Criminal/Abuse background checks on each student. Criminal convictions or documented history of abuse may prevent students from participating in clinical education experience. Students unable to participate in clinical education will be unable to complete the course requirements. The Department of Inspections and Appeals (DIA) regulations can be found on their website, <http://dia.iowa.gov/>

Criminal/Abuse background checks are processed at DMACC. At the time of Registration, required signatures will be witnessed by a DMACC employee. Incomplete forms and forms or copies from outside sources will not be accepted. If the student has used more than one last name (e.g., maiden, married), they must complete one State of Iowa "Criminal History Record Check Request Form" for each last name used. Students will be required to provide a photo ID.



Notice & Release of Criminal Record/Child and Adult Abuse Registry Checks

I, the undersigned student in the Nursing Assistant program at Des Moines Area Community College (DMACC), understand that participation in a clinical experience is part of the Nursing Assistant program, and that this includes working at an affiliating agency. I further understand that the affiliating agencies have the right to establish requirements for participation in clinical experience and that the requirements may include submission to criminal record/child and adult abuse registry checks, based upon all current and former last names and aliases. Results of the criminal record/child and adult abuse registry checks will be released to the Department of Human Services (DHS) who will determine if the crime or founded abuse warrants prohibition from clinical education experience.

In accordance with DMACC's contract with affiliating agencies, results of the criminal record/child and adult abuse registry checks will be released to contracted agencies only upon request.

I understand and agree that if I am prohibited from participation in a clinical experience by DHS, or by an affiliating agency or if I refuse to submit to the registry checks that are required in order to participate in a clinical experience, I may be unable to complete my program of study. I hereby release DMACC, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Further, I give DCI (Department of Criminal Investigation) and DHS permission to release information to Des Moines Area Community College, which may be requested as a result of the criminal/child and adult abuse check.

Please Print

Name: _____

Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____ Date: _____

Witness: _____ Date: _____





STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

**To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax**

From: _____

Phone: _____
Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not obtain a waiver signature from the subject of the request. _____

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal

Waiver Signature: _____

<p style="text-align: center;"><u>Iowa Criminal History Record Check Results</u></p> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: center;">DCI initials _____</p>	<p>(DCI use only)</p>
---	-----------------------