



Maricopa Community Colleges

Allied Health Shared Student Policies

Non-Academic Allied Health Program Policies

In addition to policies and procedures in the Maricopa Community Colleges catalogs and student handbooks, for the protection of students and patients, any Allied Health Program which includes assignment to patient care facilities such as hospitals, ambulatory care clinics, skilled nursing facilities and other health care settings requires students to comply with the following policies.

This handbook prescribes admission and readmission requirements and standards of conduct for students enrolled in Allied Health programs. The standards are in addition to those detailed in MCCCDC policies and Administrative regulations. Violation of any standard may serve as grounds for non-admission to a program or other discipline, program suspension or dismissal. MCCCDC Allied Health programs reserve the right to make program changes as needed and to change without previous notice any information requirements and regulations published in this document.

1. General Health Requirements

Students must be able to fully and successfully participate in all program activities whether in the classroom, laboratory or clinical setting. This includes, but is not limited to, the capacity for sensory and motor functions that allow independent classroom/laboratory/clinical performance and routine and emergency client care. It is essential that students in many Allied Health Programs are able to perform a number of physical activities in the clinical portion of their program. For example, students may be required to physically assist and/or lift patients or equipment, stand for several hours at a time and perform bending activities. The clinical experience places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patient lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making applications. All applicants must provide documentation of compliance with all mandatory health and safety requirements necessary to protect patient safety. Only students in compliance are permitted to enroll in allied health courses. In circumstances of student illness, injury or other health limitations both the clinical agency and the college health policies must be upheld. The program faculty manager will determine a student's ability to give adequate patient care and will determine if a student can remain and/or return to the clinical experience, regardless of a physician's approval for return. Students are responsible for ensuring currency of all aspects of the Health and Safety documentation throughout their tenure in an allied health program.

Disabilities

If a student believes that he or she cannot meet one or more of the standards without accommodations, the Allied Health Program must determine, on an individual basis, whether a reasonable accommodation can be made. Students should refer to their respective program policies for required essential skills and functional abilities.

- a) Any student having a temporary medical condition that inhibits or restricts activities must supply a written explanation from his/her physician. Should a student become unable to participate partially or fully in the program's activities he/she may be withdrawn.

- b) Should a student require any type of special accommodation, the student must contact the college Disability Resource Center well in advance of the first class meeting.
- c) Special accommodations for testing will be given only with appropriate documentation of special needs. Individual faculty will not provide extra time, different environments, or dictionaries during testing without sufficient documents in support of an accommodation.

Pregnant students may want to take special precautions due to the physical requirements and possible exposure to harmful diseases or substances. If a student is pregnant, documentation from the attending physician will be required stating that the student is able to meet all program objectives/expectations. Accommodations will be made if reasonable and possible. Following delivery, returning to class and clinical assignment will require physician clearance. In Allied Health Programs where students may be routinely exposed to radiation additional requirements for pregnant students must be followed.

2. Declaration

The Health and Safety Documentation form (Exhibit A): must be completed by a licensed/certified healthcare practitioner (M.D., D.O., N.P., P.A.) and submitted according to the time specified by the Allied Health Program.

- a) The Program Director may require a new health declaration should any alteration in the student's health occur.
- b) Dental programs may also require proof of completion of a Dental Health Form verifying that the student has completed a dental exam in the last 12 months, and a Vision Exam Form verifying that the student has completed a vision exam and necessary corrections have been completed within the last 6 months.

3. Immunizations

Students must be in compliance with immunization policies of the Allied Health Program in which they are enrolled. The Program Director will provide students with health requirements applicable to that program and the deadline by which students must submit proof of meeting such requirements. Students will meet these requirements by providing completed and signed Health and Safety Documentation Checklist with all accompanying required documentation and the Health Care Provider Signature Form. Women of childbearing age should only be vaccinated after review of the circumstances by a health care practitioner. Students will be responsible for the costs of completion for all immunization requirements. The following is a description of immunizations that may be required and the type of documentation that a student would have to provide to verify the requirements have been met. (See Exhibit A Health and Safety Documentation) If there is a communicable disease outbreak, additional vaccinations may be required as specified by the local public health agency. Proof of all immunizations and tuberculin skin tests should be copied and attached to the Health Declaration form.

- a) **MMR** (measles, mumps and rubella): students born in 1957 or later must provide proof of one of the following: written proof of two MMR immunizations **OR** proof of a positive titer for each of these diseases. According to CDC recommendations students

born before 1957 are generally felt to be immune but one dose of MMR vaccine should be given to anyone born before 1957 who does not have proof of positive titers to each of the three diseases.

- For programs that place students at Phoenix Children's Hospital students are required to show laboratory results documenting a positive titer for Measles/rubeola and rubella. Please contact program director to verify if this is a necessary requirement for the program you are entering.
- If a student has a **NEGATIVE OR EQUIVOCAL** titer result they must obtain their first MMR vaccination and attach documentation to their health and safety checklist. The second MMR must be completed after 28 days and proof submitted to the health care program.
- The student must then have titers drawn 30 days later and submit results to the healthcare program. From Recommendations of the Immunization Action Coalition with technical content reviewed by CDC March 2007

b) **Varicella** (chickenpox): documented proof of a positive IgG titer **OR** if the titer is **NEGATIVE** obtain the first varicella vaccination and attach documentation to the Health and Safety Documentation form. The second varicella vaccination must be obtained 4 to 8 weeks later and proof submitted to the Program Director.

- For programs that place students at Phoenix Children's Hospital students are required to show laboratory results documenting a positive titer for varicella. Please contact program director to verify if this is a necessary requirement for the program you are entering.
- If a student has a **NEGATIVE OR EQUIVOCAL** titer result they must obtain their first varicella vaccination and attach documentation to their health and safety checklist..
- The student must then have titers drawn 30 days later and submit results to the healthcare program.

c) **Tetanus/Diphtheria (Td) or tetanus, diphtheria and cellular pertussis (Tdap):**

Tdap=Tetanus/Diphtheria/Pertussis

TD=Tetanus/Diphtheria

Students must provide proof of a one-time dose of Tdap, followed by Td booster every 10 years. Attach proof of necessary vaccinations to the Health and Safety form.

d) **Hepatitis B:**

The Centers for Disease Control and Prevention have recommended that hepatitis B vaccine be considered for a number of groups including healthcare personnel at high risk for blood or needle stick exposure. Students will be provided with information on protective and standard precautions as part of their Program curriculum, but students are advised to consult with their personal physician about the advisability of receiving the hepatitis B vaccine.

To meet the requirements for Hepatitis B, students must either submit proof of completion of three Hepatitis B (see Exhibit A) injections **OR** a copy of proof of a positive HbsAB antibody titer **OR** a signed declination (see Exhibit B). If a student has not received injections in the past, he/she should receive an initial dose of

hepatitis B with second and third vaccinations administered in 1 month and 6 month intervals.

Recommendations from Immunization Action Coalition with technical content reviewed by the CDC march 2007

e) **Influenza:**

Health care providers who are clinically or subclinically infected with influenza virus can transmit the virus to other persons including patients whose immune systems are compromised. As such many clinical facilities are requiring that all staff, students, and volunteers show proof of an annual influenza vaccination (see Exhibit B) or a signed declination (see Exhibit B). If a student declines this immunization, and a clinical agency requires such a vaccination there is the possibility that the student may not be permitted to participate in the clinical experience at that agency.

Recommendations of the Healthcare Infection Control Practices Advisory Committee, CDC February 24, 2006

4. PPD Tuberculin Skin Testing

A Two Step Test* is required by the Allied Health Programs. *Two-step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection.

- a) If the reaction to the first test is classified as negative, a second test is to be done 1-3 weeks later.
- b) A positive reaction to the second test probably represents a boosted reaction (past infection or prior BCG vaccination). On the basis of this second test result, the person should be classified as previously infected and cared for by a health care provider. This would not be considered a skin test conversion. If the second test result is negative, the person should be classified as uninfected. In these persons a positive reaction to any subsequent test is likely to represent new infection with M tuberculosis (skin test conversion). Two step testing should be used for the initial skin testing of adults who will be retested periodically, such as health care workers.
- c) Students with a history of positive reactions to TB skin tests must provide a report of a negative chest x-ray. Further TB screenings may be required by a health care provider.

*Core Curriculum on tuberculosis What the Clinician should know, Department of Health and Human Services, Centers for Disease Control for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta Georgia, 4th Edition, 2000.

5. CPR Certification

Students must present a valid CPR card indicating health care provider certification which includes infant, child, adult and 1 and 2 man rescuer techniques. The certification must remain current throughout the clinical experience.

6. Background Checks

For all allied health students who begin MCCCCD healthcare program on or after September 1, 2011 new background check standards will be in effect. Additionally students who have been admitted to an MCCCCD healthcare program or who are currently enrolled in one as of September 1, 2011 will be required to sign an MCCCCD Criminal Background Check Disclosure Acknowledgement form. (Exhibits C, D, E) These changes are necessary due the fact that six of eleven of MCCCCD's largest clinical experience partners have established stringent background

check standards that preclude MCCCDC from assigning students to those sites who cannot meet those standards. In order for MCCCDC students to be able to continue to complete clinical experiences at local hospitals, students must meet the new standards.

Students accepted/enrolled in health care programs PRIOR to 9/1/11 must maintain following background check standard:

- Possession of valid DPS card at level required by program at time of admission into program
- No appearance on Office of Inspector General (OIG) list of Excluded Individuals/Entities (LEIE).
- To remain in the Program a student must maintain a valid DPS Fingerprint Card at the level required at the time of their admission and not be placed on any Federal exclusion list.
- Students must apply for a new card prior to the expiration date.
- Students must sign an original version of the MCCCDC Criminal Background Check Disclosure Acknowledgement form (Exhibit C).
- A clinical agency may require additional components of a criminal background check other than those required by the DPS Card as well as drug screening. Students must undergo and pay for any criminal background check required by an agency to which they are assigned.
- Students are required to disclose on any background check data collection form (whether it be DPS or a background check vendor) any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally students must disclose anything that is likely to be discovered in the background check that will be conducted.
- Students must complete the data collection form honestly and completely. If a student knows certain information but is unsure whether to disclose it they must disclose the information including any arrest or criminal charge.
- Lack of honesty will be the basis for denial of admission or removal from a program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under the Code.
- The sole recourse of any student who fails a background check and believes that failure have been in error is with the background check vendor and not MCCCDC
- Examples of information that a clinical agency may require include:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details
 - Pending criminal charges that have been filed against you including dates and details

- Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld

A clinical agency background check may include but is not limited to the following:

- Nationwide Federal Healthcare Fraud and Abuse Databases
- Social Security Verification
- Residency History
- Arizona Statewide Criminal Records
- Nationwide Criminal Database
- Nationwide Sexual Offender Registry
- Homeland Security Search

A student may be disqualified from a Program due to the inability to verify their Social Security number or being listed on an exclusionary database of a Federal Agency. Criminal offenses for disqualification may include but are not limited to the following:

- Social Security Search-Social Security number does not belong to applicant
- Any inclusion on any registered sex offender database
- Any inclusion on any of the FACIS exclusion lists or Homeland Security watch list
- Any conviction of Felony no matter what the age of the conviction
- Any warrant any state
- Any misdemeanor conviction for the following, no matter how long ago
 - violent crimes
 - sex crime of any kind including non consensual sexual crimes and sexual assault
 - murder, attempted murder
 - abduction
 - assault
 - robbery
 - arson
 - extortion
 - burglary
 - pandering
 - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
 - any abuse or neglect
 - any fraud
 - illegal drugs
 - aggravated DUI

Any misdemeanor controlled substance conviction last 7 years

Any other misdemeanor convictions within last 3 years

- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

- If a Clinical Agency to which a student has been assigned does not accept the student based on criminal background check issues it may result in inability to complete the Program.
- MCCCCD may within its discretion disclose to a clinical agency that a student has been rejected at another clinical agency.
- MCCCCD is under no obligation to place a student when the reason for lack of clinical placement is criminal background check issues. Since clinical agency assignments are critical requirements for completion of the Program inability to complete required clinical experience due to criminal background check issues will result in removal from the Program.
- A student may be dismissed from the program and receive a failing grade in the course based on the inability to place the student in a clinical facility.

Students have a duty to immediately report to the Program Director any arrests, convictions, placement on Federal Exclusion databases, removal of DPS card or removal or discipline on any professional license or certificate at any time during their enrollment in the program and issues reported for failure to report could result in removal from a Program.

MCCCCD health care programs reserve the authority to determine a student's eligibility to be admitted to a Program or to continue in a Program. Admission and background check requirements can change without notice.

Students admitted 9/1/11 or after must maintain the following background check requirements

- Possession of a valid DPS Level I Fingerprint Clearance card.
- A document from MCCCCD's authorized vendor for background checks demonstrating the student has a "Pass" status on the MCCCCD supplemental background check. The date of the "Pass" status must be within 6 months of the first day of the student's health care program. Students who have been in the Program for more than 12 months may be requested to obtain an updated MCCCCD supplemental background check.
- To remain in the Program a student must maintain a valid DPS Level I Fingerprint Card and maintain a "Pass" status on the MCCCCD supplemental background check.
- Students must apply for a new card prior to the expiration date.
- Students must sign an original version of the MCCCCD Criminal Background Check Disclosure Acknowledgement form (Exhibit D-EMT students, Exhibit E Allied Health Students).
- A clinical agency may require additional components of a criminal background check other than those required by the DPS Card as well as drug screening. Students must undergo and pay for any criminal background check required by an agency to which they are assigned.
- Students are required to disclose on any background check data collection form (whether it be DPS or a background check vendor) any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally students must disclose anything that is likely to be discovered in the background check that will be conducted.

- Students must complete the data collection form honestly and completely. If a student knows certain information but is unsure whether to disclose it they must disclose the information including any arrest or criminal charge.
- Lack of honesty will be the basis for denial of admission or removal from a program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under the Code.
- The sole recourse of any student who fails a background check and believes that failure have been in error is with the background check vendor and not MCCCCD.
- Examples of information the MCCCCD supplemental background check and any clinical agency may require include:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
 - Pending criminal charges that have been filed against you including dates and details.
 - Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld

The MCCCCD supplemental background check and any clinical agency background check may include but are not limited to the following:

- Nationwide Federal Healthcare Fraud and Abuse Databases
- Social Security Verification
- Residency History
- Arizona Statewide Criminal Records
- Nationwide Criminal Database
- Nationwide Sexual Offender Registry
- Homeland Security Search

A student may be disqualified from the Program due to the inability to verify their Social Security number or being listed on an exclusionary database of a Federal Agency. Criminal offenses for disqualification may include but are not limited to the following:

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- Any inclusion on any of the FACIS exclusion lists or Homeland Security watch list
- Any conviction of Felony no matter what the age of the conviction
- Any warrant any state
- Any misdemeanor conviction for the following, no matter how long ago
 - violent crimes

- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years

Any other misdemeanor convictions within last 3 years

- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic).
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- A student may be dismissed from the program and receive a failing grade in the course based on the inability to place the student in a clinical facility.

Students have a duty to immediately report to the Program Director any arrests, convictions, placement on Federal Exclusion databases, removal of DPS card or removal or discipline on any professional license or certificate at any time during their enrollment in the program and could result in removal from a Program.

MCCCCD health care programs reserve the authority to determine a student's eligibility to be admitted to a Program or to continue in a Program. Admission and background check requirements can change without notice.

7. Drug Screening

All allied health students are required to submit to a pre-clinical urine drug screen according to policy of the specific Allied Health Program.

- a) Students will receive a form authorizing the contracted laboratory to perform the test. This form will include the student's name, college name, program designation, program account number and the time frame required for the testing to occur.
- b) The drug screen is completed at the student's expense and must be paid for at the laboratory at the time of testing. Private health insurance will not pay for this screening. The lab will provide the student with a receipt upon payment. It is important that students understand that they may not take a prescription to the lab to be evaluated during the testing process. The laboratory will conduct the urine screening and will mail all negative results to the Allied Health Program Director or designee indicated by the program account number.
- c) If a student provides a diluted sample the student must submit a new sample and pay all costs for the new test.
- d) If a student tests positive for substances, the lab will contact the Medical Review Officer (MRO) contracted by the Maricopa Community Colleges. The MRO will contact the student to elicit any prescriptive drug usage and will subsequently inform the Allied Health Program Director or designee as to the final results.
- e) If a student challenges a result, only the original sample can be retested. The student must request an order for a retest of the sample through the MRO. All positive samples are retained for one year in a frozen state. The student is responsible for the cost of this test.
- f) If the MRO determines there are safety sensitive issues/concerns related to a student's drug profile further evaluation by a professional will be required and a student may be on temporary exclusion from the program until the evaluation is completed. Students testing positive for drugs that are illegal substances, non-prescribed legal substances, or students deemed unsafe for the clinical setting by the MRO will not be permitted to attend allied health didactic and clinical courses. Students who test positive for Nicotine (Cotinine) will not be removed from didactic courses, but they may not be placed at clinical agencies that prohibit students with positive Nicotine screens. In the event that a student is withdrawn from classes the student may invoke their rights under the MCCCDC Student Conduct Code. Students who are licensed or certified in a health profession by the State of Arizona and test positive for these drugs will be reported to their respective Boards.
- g) Students testing positive and needing an MRO evaluation will be responsible to pay for the cost of the MRO review. In the event a student fails to pay the MRO fee, a financial obligation will be posted to his/her college account.
- h) Students will **NOT** be allowed to use previous drug screens requested by any person or agency outside the Maricopa Community Colleges to meet these requirements.
- i) Students failing to test during the date and time documented on the Drug Testing Letter do not meet the requirement for drug testing and may be withdrawn from all Allied Health courses. In the event of a withdrawal being made from classes students may invoke their rights under the MCCCDC Student Conduct Code.

8. “For Cause” Drug Screening Procedure

The information below refers to the use/misuse of, or being under the influence of: alcoholic beverages, illegal drugs or drugs which impair judgment while on duty in any health care facility, school, institution or other work location as a representative of an Allied Health Program or while participating as a student in any laboratory or simulation experience on a healthcare program campus.

If the clinical instructor/clinical site supervisor perceives the odor of alcohol or observes behaviors such as, but not limited to, slurred speech, unsteady gait, or confusion, and these behaviors cause the faculty or clinical instructor to suspect the student is impaired by alcohol or drugs, the following steps are taken:

- a) The instructor will remove the student from the patient care or assigned work area and notify the clinical agency supervising personnel.
- b) Upon student’s oral consent, the instructor will contact a transportation service and arrange for student transport to a designated medical service facility contracted by Maricopa Community Colleges.
- c) The student is to have a picture ID in his/her possession.
- d) After testing, the student may call the transportation service contracted by Maricopa Community Colleges for transport home. (Total Transit 602-200-2077 account 2003)
- e) If the student admits to alcohol or drug use, he/she will still require drug screening.
- f) If the results of the test(s) are negative for drugs, alcohol, or other illegal substances, or for non-prescribed legal substances, the student shall meet with the Program Director within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
- g) If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to the clinical setting.
- h) If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated.
- i) Based on the information provided and further medical evaluations if warranted; the Program Director will make a decision regarding return to the clinical setting.
- j) If the results of the test(s) are positive for alcohol or other illegal substances or for non-prescribed legal substances, the Program Director will withdraw the student from all didactic and clinical courses for a period of one year. In the event of a withdrawal being

made from classes students may invoke their rights under the MCCCDC Student Conduct Code. The student will pay for all costs associated with the for-cause drug-screening test.

- k) If the student with positive results holds a certificate or license in a health profession screening result test will be reported to the applicable Board.
- l) If a Student refuses “for Cause” Testing:
 - 1) The instructor will remove the student from the clinical or laboratory/simulation setting pending a full investigation.
 - 2) The instructor will contact the transportation service contracted by Maricopa Community Colleges to request that the student be transported home.
 - 3) Failure to comply with any aspect of this policy will result in withdrawal from the program. In the event there is a withdrawal from classes the student may invoke their rights under the MCCCDC Student Conduct Code.

Readmission Guidelines Related to Substance Abuse

Students withdrawn from Allied Health programs for reasons related to substance abuse will:

- a) Submit a letter requesting readmission to the Allied Health Program.
 - 1) Include documentation from a therapist specializing in addiction behaviors indicating status of abuse, addiction, or recovery and/or documented rehabilitation related to the alcohol/drug illness.
 - 2) Include documentation of compliance of a treatment program as identified by the therapist including a statement that the student will be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.
- b) Repeat drug screen for alcohol/drugs immediately prior to readmission.

If a student, after being re-admitted to the Allied Health program, has positive results on an alcohol/drug screen, the student will receive permanent dismissal from the Allied Health Program.

9. Insurance

Students must be aware of insurance requirements and their responsibilities in relation to insurance.

- a) Given the potential exposure to communicable disease it is highly recommended that students in Allied Health Programs carry health care insurance at all times while enrolled in the program. Some clinical agencies may require those students who come to that facility for clinical learning experiences have health care insurance.
- b) While students are participating in any academic or clinical learning experience, they have limited accident coverage by the Student Accident Insurance Policy. They are not covered in any activity outside of school requirements. The cost of this policy is covered in the student activity fee. Student accident insurance coverage is secondary to the student’s primary

coverage (for more information on student insurance please see the Student Insurance page on the District Legal web site: (<http://www.maricopa.edu/legal/rmi/stuinsplans.htm>))

- c) If a student is injured or becomes ill during the clinical experience, a Maricopa Community Colleges accident insurance form and verification of other insurance coverage must be completed. Claim forms may be obtained from the Vice President of Student Affairs Office. Completed forms are submitted to the Allied Health Program Director for signature and then forwarded according to campus procedure.
- d) Students are responsible for their own transportation and vehicle insurance to and from the clinical agency. No insurance coverage is provided for any vehicle not supervised and provided by the college.
- e) Maricopa Community Colleges Allied Health students are usually covered for acts of negligence under MCCCDC's commercial general liability insurance while performing in the clinical setting as part of their Allied Health course work.

10. Standard Health and Safety Practices

All Allied Health students are professionally and ethically obligated to provide client care with compassion and respect for human dignity. Hence they may not ethically refuse to care for clients solely because the client is at risk of contracting, or has, an infectious disease such as HIV, AIDS or HBV. All rules of confidentiality are followed when working with clients.

Students are required to follow standard health and safety practices and to complete an Assumption of Risk and Liability form (obtain from Program Director).

- a) All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- b) Contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. In dental hygiene program students will implement safe recapping procedure as taught in course and recommended by regulatory agency standards.
- c) Contaminated sharps must be placed in an appropriate container as soon as possible.
- d) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- e) When exposure is possible, personal protective equipment (PPE) shall be used. Personal protective equipment includes:
 - 1) Gloves shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, when performing vascular access procedures, and when touching contaminated items or surfaces.

- 2) Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- 3) Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations and will depend upon the task and the degree of exposure anticipated.
- 4) Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.
- 5) Hands shall be washed immediately after removal of gloves or other personal protective equipment.

(Excerpts from OSHA Blood borne Pathogens Section 1910.1030)

- f) When exposure to other hazardous materials such as disinfectant solutions is a possibility, appropriate PPE and safe handling protocols shall be used.

11. Exposure Guidelines

If exposed to blood from a needle stick or blood or body fluid comes in contact with mucous membranes or an open wound during a clinical experience the student should:

- a) Cleanse the area with soap and water and flush mucous membranes with water immediately.
- b) Report the incident immediately to the site or clinical instructor.
- c) The student should immediately go to an Emergency Department, Employee Health (if available) or Urgent care and seek triage and treatment. The student is responsible for all costs related to exposure, triage, and treatment.
- d) The site or clinical instructor and student must notify the department supervisor at the clinical agency.
- e) The student must complete an incident report for the clinical agency.
- f) The Allied Health Program Director may assist the student in completing the college student accident report provided by College Safety.
- g) The Clinical Site Supervisor or Program Director must inform the source patient of the incident and encourage the patient to have testing after consent is obtained. The exposed student should be tested for HIV antibodies within 10 days and students would be responsible for the costs of this testing. The Clinical Instructor and/or Program Director are to document the exposure accident and provide copies for the student file.

12. Professionalism

Students enrolled in a program of study in Allied Health are responsible for conducting themselves in a professional manner at all times. Some specifics of professional behavior include:

- a) **Health Insurance Portability and Accountability Act (HIPAA):** all verbal, electronic, and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone or removed from a health care facility unless written permission has been given by the clinical agency to remove such information. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality will result in disciplinary action, up to and including possible dismissal from the program and/or course. Refer to the Student Confidentiality Agreement (obtain from Program Director).
- b) **Zero Tolerance:** The Maricopa Community College District Allied Health Programs support Zero Tolerance Policy. Any Allied Health Program student engaging in any of the following behaviors or other misconduct is subject to immediate dismissal from Allied Health classes and disciplinary action as described in the Student Handbook of the college.
- 1) Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
 - 2) Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
 - 3) Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.
- c) **Professional staff - client relationship:** students providing allied health services strive to inspire the confidence of clients. Students must treat all clients, health care providers, and staff professionally. Clients can expect those providing Allied Health services to act in their best interests and respect their dignity..
- Faculty and Students will maintain a professional relationship: Students should not expect an instructor to act as a personal counselor or therapist. Student should seek assistance from academic advisors and counselors at the college.
 - Students should not expect an instructor to join an individual, group, class in any social situations while the course is in progress.
 - Students should not offer the instructor gifts or money as gratitude for instruction. Instructors may accept cards, notes when students wish to thank the instructor.
- 1) The student should abstain from excessive personal disclosure, obtaining personal gain at the client's expense and refrain from inappropriate involvement in the client's personal relationships.
 - 2) In a student role, professional boundaries exist among the student, the instructor, the clinical staff, and the client. Students unclear of proper behavior or of an appropriate response to a client should consult the instructor for guidance.
- d) **Professional appearance:** proper hygiene and professional appearance are expectations of all Allied Health Programs.

1) Students must dress according to their specific Allied Health Program requirements. Unacceptable attire in clinical or laboratory setting and sponsored events includes:

- Thin or see-through clothing
- Sleeveless tops
- Sun dresses
- Halter tops
- Tank tops
- T-Shirts
- Shorts, mini dresses
- Sweat tops or pants
- Jogging suits
- Open toed shoes

2) Dress and appearance for the clinical experience are also found in program specific requirements and include but may not be limited to:

- a) Subtle makeup.
 - b) Hair pulled back from face and out of the field of operation, in a professional standard style and, if dyed, be of a “natural” hair color; if hair accessories, such as extenders, are worn they must be conservative and kept clean at all times.
 - c) If worn, beards and moustaches must be neatly trimmed.
 - d) Fingernails must be clean and, if performing patient care, must also be short and neatly trimmed. Artificial nails, nail wraps, or extenders are not permitted in the clinical setting.
 - e) Proper hygiene avoiding any offensive body odor or tobacco smell.
 - f) No body piercing jewelry or tattoos are to be visible or a hindrance to performance in the healthcare setting. Pierced earrings may be an exception.
 - g) Tattoos must be covered, if possible. Tattoos which cannot be covered must be conservative and must not convey a message that is contrary to Maricopa Allied Health programs professional standards and must not pose a potential customer relations issue. Visible tattoos that are obscene, lewd, crude, or portray or represent nudity, vile, or crime or contain profanity are strictly forbidden. Students will be required to cover such tattoos.
- e) **Personal electronic devices:** pagers, cellular telephones and other personal electronic devices (PED) must be turned off and out of sight during lectures, labs and clinical experiences. At no time may students use a PED to take photographs of any patient or any part of a medical record. Any personal electronic device in sight may be confiscated by the instructor and kept until the end of the day’s activities. Any use of a personal electronic device during quizzes, tests, exams and other academic activities will be construed as cheating and treated accordingly. Any response to a PED must only be completed during break using the PED or a public telephone.

Courses within the allied health programs of study use online resources as a learning and communication tool between instructors and students. Students will need access to a computer and a network connection.

Criteria for use of mobile device during clinical and classroom rotations

Mobile devices can be a valuable tool for healthcare education when used appropriately.

The following guidelines apply:

- Professional behavior and proper technology etiquette should be observed at all times when using cell phone, iPods, mobile devices, laptops or other electronic devices.
- These may only be used when authorized by faculty and for clinical activities, not personal use.
- Cell phone/mobile device appliances must be on “airplane mode” or “silent” during class or clinical experiences.
- No photos may be taken by students in the clinical agency or lab environments. The exception to taking photos or videos in the laboratory environment is when it is a course assignment.
- No personal phone conversations or texting allowed at anytime while in a patient area. A clinical probation will be given for the first violation of using the mobile device for socializing during clinical time. A second violation may result in course failure.
- For combined cell phone/mobile device appliances, students are expected to have the equipment turned off if agency policy requires it and to an area designated for cell phone use when accessing information on their mobile devices when needed.
- Be respectful to the patient at all times and ensure that your entire attention is focused on the patient when you are in the patient’s room. If you are using the mobile device at the bedside for a care related application be sure to explain to the patient what you are doing.
- Faculty or hospital staff may ask to see what programs you are in at anytime. Use of facility computers for personal use is prohibited.
- You must protect the confidentiality of patient information at all times in accordance with HIPAA.
- Just as other medical equipment may act as a reservoir for microorganisms and contribute to the transfer of pathogens, so may mobile devices. Be sure to disinfect/decontaminate them as needed.

- Students who violate patient privacy with the mobile device will be subject to HIPAA infractions of the clinical agency.
- Social networking sites: When contributing to a social networking site, it is important to remember that everyone can see and read what is placed on the site. Keep your interactions professional and err on the conservative side when placing written communication or posting pictures. Always remember that your online presence reflects you as a professional. Be aware that your actions captured via images, posts, or comments can reflect on you and many recruiters now routinely search social networking venues when considering individuals for employment. Students can be subject to disciplinary action from health care programs due to postings on social network sites.

13. Duty to Report

All students enrolled in Allied Health Programs have the following duty to report:

- a) Students holding or receiving certification or licensure in a health profession must remain in good standing with the Board that issues their certification or licensure. Students receiving any disciplinary actions against their certificate and/or license must notify their Program Director within five (5) school days.
- b) Any Student who is placed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) or any Federal exclusion list must notify their Program director within (5) school days.
- c) Any student who has their fingerprint card revoked or suspended or modified in anyway must notify their Program director within (5) school days.
- d) Any student who incurs an arrest and or conviction must notify their Program Director within (5) school days
- e) The Program Director reserves the right to dismiss or restrict the student's participation in clinical experiences and involvement in patient care and ongoing enrollment in the Program if the student cannot maintain the required level of Fingerprint card, student cannot show "Pass" status on required MCCCD supplemental or clinical agency background check, or obtains new conviction or placement on federal exclusion list.

RELEASE OF INFORMATION

Pursuant to the Family Educational Rights and Privacy Act (FERPA) students have the following rights:

1. The right to inspect and review student education records.
2. The right to request an amendment to a student record if a student believes there is inaccurate or misleading information.
3. The right to consent to disclosures of personally identifiable information contained in a student's educational records except to the extent that FERPA authorizes disclosure without consent.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the college to comply with requirements of FERPA.

Disclosure

FERPA authorizes disclosure without consent to outside agencies that provide clinical education opportunities. Pursuant to this authorization, your student information may be disclosed to clinical agencies to which you are assigned who have legitimate educational interests to assist in completion of your health care education. This disclosed information may be needed to complete pre-clinical education requirements, obtain entry into the agency's computer systems and/or medication administration systems and complete duties necessary in the actual clinical rotations. As required by clinical experience contracts, clinical agencies are mandated to hold student information confidential in the same ways required of educational institutions. Please bring any breaches of confidentiality to the attention of the manager of the health care program in which you are enrolled.

I have read and understand

Name _____ Date _____

COMPLIANCE WITH POLICIES

These Policies prescribe standards of conduct for students enrolled in MCCCCD Allied Health Programs. The standards are in addition to those prescribed for students under Maricopa Community Colleges policies and administrative regulations. Violation of any such standard may serve as grounds for program dismissal, suspension, or other discipline.

Every student is expected to know and comply with all current policies, rules, and regulations as printed in the college catalog, class schedule, college student handbook, and specific MCCCCD Allied Health Program student handbook. Copies are available at many sites throughout the college.

I have received a copy of the Non-academic Allied Health Programs Policies. I understand this handbook contains information about the guidelines and procedures of the MCCCCD Allied Health Program in which I am enrolled. I also understand that I can find information about the general college policies in the College Catalog and the College Student Handbook. I can find information specific to each Allied Health Program from the Program Director and each course in the course syllabus.

By signing this agreement, I certify that I have read and understand the Non-Academic Allied Health Programs Policies and will comply with them.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (If student is a minor)

Date

Student Name

Date

**MARICOPA COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS
HEALTH AND SAFETY DOCUMENTATION**

Please attach documentation (test results, etc. for all immunization to this Health and Safety Documentation

EXHIBIT A

Home Phone: _____ Cell Phone: _____ Student ID Number: _____

A. MMR (Measles/Rubeola, Mumps, and Rubella): Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases.

1st MMR Date: _____ 2nd MMR Date: _____

OR

Date and results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.

1st Varicella Date: _____ 2nd Varicella Date: _____

OR

Date & results of IgG titer: _____

C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Td Date: _____

D. Tdap once in past Tdap Date: _____

E. Tuberculosis:

Two-Step Testing** for initial skin testing of adults who will be retested periodically

TWO-STEP TESTING

Use Two-Step Testing for initial skin testing of adults who will be retested periodically.

- If first test positive, consider the person infected.
- If first test negative, give second test 1-3 weeks later.
- If second test positive, consider person infected.
- If second test negative, consider person uninfected.
- If both parts of Two step test are negative then subsequent testing is done annually with one step procedure

INITIAL TEST:

Test Given _____ Date Read _____ Result _____

SECOND TEST (1-3 weeks after initial test):

Test Given: _____ Date Read: _____ Result _____

OR

Annual TB skin test (PPD):

Test Given _____ Date Read _____ Result _____

OR

Previous Positive PPD test:

Provide documentation of negative chest x-ray/evidence of TB disease free status

Date of chest x-ray _____ Result _____

*If applicant has ever had a positive reaction, the test is not to be repeated. Other evidence that the applicant is free from Tuberculosis will be required.

**Core Curriculum on Tuberculosis What the Clinician Should Know, Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4th Edition, 2000.

(continued)

F. Hepatitis B: Documented evidence of completed series or positive antibody titer or declination. If beginning series, first injection must be according to your Program's required timeline and the series must be completed within 6 months.

Date of 1st injection: _____ Date of 2nd injection: _____ Date of 3rd injection: _____

OR

Hep B Titer Date: _____ Titer Results: _____

OR Signed Declination Form attached

G. Influenza: Documented evidence of influenza vaccination within the past year or declination.

Date of injection: _____

OR Signed Declination Form attached

H. For Dental programs-Documented evidence of completed Ophthalmic Exam

Date or Exam _____

I. For Dental programs-Documented evidence of completed Dental Exam

Date of Exam _____

J. Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the applicant _____ WILL OR _____ WILL NOT be able to function as an allied Health student as described above.

If not, explain: _____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Telephone: _____



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VACCINATION DECLINATION –Exhibit B

(PRINT) Student Name _____ Date _____
(Complete the sections that are appropriate for this student.)

Hepatitis B Vaccination Declination

I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my allied program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the Hepatitis B vaccination series as part of the program's requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

Student Signature

Date

Faculty Signature

Date

Influenza Vaccination Declination

I understand that due to the nature of health care and the volume of individuals that I may come in contact with, I may be at risk of acquiring an influenza virus. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the current influenza vaccination as identified by the Centers for Disease Control for the current influenza season as part of the program's requirements. I have been encouraged by the faculty to be vaccinated; however, I decline the influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza. By signing this form, I agree to assume the risk of potential exposure to influenza and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the virus. I also understand that, due to the contagious nature of the virus, that a health care setting may not accept my placement if I refuse vaccination.

Student Signature

Date

Faculty Signature

Date



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS**

Exhibit C

**Allied Health Students Already Admitted to or Enrolled in Programs as of
September 1, 2011**

**Maricopa County Community College District
Summary of Criminal Background Check Requirements
Overview of the Requirements**

Effective on September 1, 2011, all students desiring to be admitted to an MCCCDC Allied Health or Nursing Program (Program) are required to obtain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card as well as a passing grade on an MCCCDC-required background screening. For Allied Health students who, before that date, have been admitted to or are enrolled and wish to maintain enrollment in good standing in a Program, the following requirements apply:

- A valid Arizona Department of Public Safety Fingerprint Clearance Card (“Card”). Students are required to pay the cost of applying for the Card.
- Students may not be listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)
- An original version of the MCCCDC “Criminal Background Check Disclosure Acknowledgement” form attached to this Summary signed by the student.
- At all times students are in a Program they must maintain a valid DPS Fingerprint Clearance Card and not be listed on the OIG exclusion list.
- Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student’s responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program or be allowed to continue in a Program.
2. Students admitted to a Program whose Fingerprint Clearance Card is subsequently revoked, suspended or Students who are placed on a Federal exclusion list must notify the Program Director immediately and the student will be removed from the Program which they have been admitted or are enrolled.
3. The **Criminal Background Check Disclosure Acknowledgement** directs students who are assigned to a clinical agency that requires a criminal background check to disclose on the background check vendor’s data collection form of any background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but



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was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the data collection form promptly during enrollment in a Program. Examples of information that a clinical agency may require in a background check are::

- Legal Name
- Maiden Name
- Other names used
- Social Security Number
- Date of Birth
- Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
- Pending criminal charges that have been filed against you including dates and details.
- Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld

The sole recourse of any student who fails a background check and believes that failure may have been in error is with the background check vendor and not MCCCDC.



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS**

**ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS
APPLICABLE TO ALLIED HEALTH STUDENTS ALREADY ADMITTED TO OR
ENROLLED IN PROGRAMS AS OF SEPTEMBER 1, 2011**

Maricopa County Community College District

To maintain admission to or enrollment in Allied Health program (“Program”) at the Maricopa County Community College District, you must maintain a valid Arizona Department of Public Safety (DPS) Fingerprint Clearance Card, not appear on Federal exclusion lists and be able to meet the background standards of clinical agencies. In some cases, the clinical agency will require you to obtain a background check. If so, you are required to disclose on any background check data collection form (whether it be DPS or a background check vendor) any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the background check that will be conducted on you.

MCCCD requires that you complete the data collection form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge.

By signing this acknowledgement, you acknowledge the following as to any background check forms that you are required to complete:

1. I understand that I must submit to and pay any costs required to obtain and maintain a valid DPS Fingerprint Clearance Card and any background check that a clinical agency may require.
2. I understand that failure to maintain a valid DPS Fingerprint Clearance Card and or placement on a Federal Exclusion list will result in removal from a Program. [
3. I understand that, if my Fingerprint Clearance Card is revoked, suspended or if I am placed on a Federal exclusion list at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
4. I understand that a clinical agency may require additional components of a criminal background check, other than those required to obtain a Fingerprint Clearance Card, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
5. I understand that the clinical agency background check may include but is not limited to the following::
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry



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- Homeland Security Search

6. I understand that on a clinical agency background check I may be disqualified because of the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant

Any inclusion on any registered sex offender database

Any inclusion on any of the FACIS exclusion lists or Homeland Security watch list

Any conviction of Felony no matter what the age of the conviction

Any warrant any state

Any misdemeanor conviction for the following-No matter age of crime

- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years

Any other misdemeanor convictions within last 3 years

- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

7. I understand that I must disclose on any background check data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the form. I further understand that non-disclosure of relevant information on the form that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the form will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.

8. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in the inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place



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me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.

9. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
10. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on Federal exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card, or removal or discipline imposed on any professional licensure or certificate at any time during my enrollment in a Program.

Signature

Date

Printed Name

Desired Health Care Program



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS**

Exhibit D

**Emergency Medical Technician Program
Maricopa County Community College District
Summary of Criminal Background Check Requirements for Students
Effective September 1, 2011**

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Emergency Medical Technician (EMT) ("Programs"), students must provide with their application to a Program, and maintain current and in good standing during the Program, the following effective on September 1, 2011:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted.
- An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.

Additionally, in order for an EMT student to be placed at a clinical site, the student must meet the background check requirements of the clinical agencies to which their EMT program places students. If the assigned clinical agency requires a criminal background check beyond the review done by Department of Public Safety (DPS) Fingerprint Clearance Card, student must submit a document from MCCCD's authorized vendor for background checks, demonstrating that the student has passed the MCCCD supplemental background check. Students are required to pay the cost of obtaining the background check. Students whose supplemental background checks on the date of actual admission to a Program are more than 6 months old will be requested to obtain an updated background check. The addition of this criminal background check is due to the fact that some of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Card.

At all times Students are in the Program they must maintain a valid Level-One Fingerprint Clearance Card and a "Pass" disposition on any supplemental MCCCD background check. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

4. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to an EMT Program.
5. Students admitted to an EMT Program whose Fingerprint Clearance Card is revoked or suspended must notify the Program Director immediately and the Student will be removed from



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the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCCD policy.

6. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the DPS data collection form and that of the MCCCCD supplemental background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the data collection forms promptly during enrollment in a Program. The data collection forms may ask for the following information but the form may change from time to time:

- Legal Name
- Maiden Name
- Other names used
- Social Security Number
- Date of Birth
- Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
- Pending criminal charges that have been filed against you including dates and details.
- Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld

If the student is required to submit to an MCCCCD supplemental background check, the MCCCCD background check vendor will be asked to pass or fail each student based on the standards of the clinical agencies to which their EMT programs assigns students.

7. The sole recourse of any student who fails any background check and believes that failure may have been in error is with the DPS or the MCCCCD background check vendor and not MCCCCD.



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Allied Health and Nursing Programs Maricopa County Community College District Summary of Criminal Background Check Requirements effective September 1, 2011

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs") beginning on September 1, 2011, students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted
- An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.

Once a student has been offered placement in a nursing or allied health program they will be given information on how to complete the MCCCD supplemental background check with MCCCD's authorized vendor Certified Background. To enter the program the student must be able to provide documentation demonstrating that the student has achieved a "Pass" status on the MCCCD supplemental background check. Students are required to pay the cost of obtaining the background check. Students whose background checks on the date of actual admission to a Program that are more than 6 months old or students who have been in a Program for more than 12 months may be requested to obtain an updated background check. The addition of this criminal background check is due to the fact that some of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Card.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

8. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.
9. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.
10. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:

- Legal Name



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- Maiden Name
- Other names used
- Social Security Number
- Date of Birth
- Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
- Pending criminal charges that have been filed against you including dates and details.
Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCDCD background check vendor will be asked to pass or fail each student based on the standards of MCCCDCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCDCD.



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS**

Exhibit E

**ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS APPLICABLE TO
STUDENTS SEEKING ADMISSION TO ALLIED HEALTH OR NURSING PROGRAMS ON OR AFTER
SEPTEMBER 1, 2011**

Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program (“Program”) at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

11. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
12. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
13. I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check.
14. I understand that failure to obtain a “pass” as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
15. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
16. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
17. I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
18. By virtue of the MCCCDC supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:



MARICOPA COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS

Social Security Search-Social Security number does not belong to applicant

Any inclusion on any registered sex offender database

Any inclusion on any of the Federal exclusion lists or Homeland Security watch list

Any conviction of Felony no matter what the age of the conviction

Any warrant any state

Any misdemeanor conviction for the following-No matter age of crime

- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years

Any other misdemeanor convictions within last 3 years

○ Exceptions:

Any misdemeanor traffic (DUI is not considered Traffic)

19. I understand that I must disclose on all background check data collection forms (DPS, MCCCDC background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
20. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
21. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
22. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS**

Signature

Date

Printed Name

Desired Health Care Program