

**IOWA CENTRAL COMMUNITY COLLEGE
NURSE AIDE PROGRAM
Notice, Student Release and Waiver
to the Health Science department to Conduct
Criminal and Child and Dependent Adult Abuse History Checks**

I, the undersigned student enrolling in a nurse aide program at Iowa Central Community College, understand that my participation in and completion of a clinical experience with an affiliating health care facility is a mandatory requirement of the nurse aide program and that this includes my working at an affiliating health care facility.

I understand and agree that if I am not accepted for participation in a clinical experience as determined by the Iowa Department of Human Services for any reason, including my refusal to sign a waiver for the criminal record/child and adult abuse registry checks that are required by the State of Iowa, and if I am unable to fulfill the clinical requirement of the program, I will be unable to complete the nurse aide program resulting in an instructor withdrawal.

With full knowledge and notice of the above, I hereby release Iowa Central Community College, its employees, and all affiliating facilities and agencies from any liability arising out of my participation in a clinical experience and decisions made by the Iowa Department of Human Services concerning my participation in a clinical experience.

Solely for Iowa Central Community College to comply with requirements by the Iowa Department of Public Safety/Division of Criminal Investigation and the Iowa Department of Human Services to conduct and provide to the College Iowa Criminal History and Child and Dependent Adult Abuse History information, I will complete and sign the following Waiver and return it to the Health Science department at Iowa Central Community College. The completed Waiver will be kept in my confidential student file.

<u>WAIVER</u>				
As part of the Nurse Aide Program Requirements, I				
(name) _____, (sex) _____				
Last	First	Middle	Maiden (or Alias)	
(residence) _____				
Street	City	State	Zip Code	
(date of birth) _____, and (social security number) _____				
Month	Day	Year		
(phone number) _____ (email) _____				
by my signature on this Waiver, hereby give permission to Iowa Central Community College's Health Science department to conduct an Iowa criminal history record check with the Iowa Department of Public Safety/Division of Criminal Investigation (DCI) and to conduct an Iowa child and dependent adult abuse history record check with the Iowa Department of Human Services, Central Abuse Registry and through the Single Contact Repository. Any information maintained by the DCI and by the Department of Human Services may be released to the Health Science department as allowed by law.				
_____			_____	
Signature			Date	

Return completed form immediately to: Health Science Department - Iowa Central Community College – smothers@iowacentral.edu or by fax 515-574-1321