



WISCONSIN INDIANHEAD TECHNICAL COLLEGE
10-543-1 Associate Degree Nursing (ADN)
Background Check Disclosure

Wisconsin Indianhead Technical College students accepted into this program are required to have Caregiver Background and/or Criminal History checks at the state and/or national levels. These checks are run after the student has been admitted into their program and before the start of specific coursework or entering clinical agencies. Results from these checks for students admitted to these programs may:

- Prevent enrollment, participation, and/or admission in coursework required for graduation
- Affect ability to secure employment in the field of study upon graduation

Fees will be charged to run these background checks and are the student's responsibility. Costs found on WITC's website at: www.witc.edu/finance/tuition.htm

Wisconsin Caregiver Program offenses affecting caregiver eligibility for Chapter 50 programs [Wisconsin DHS Caregiver Program Offenses.pdf](#).

Associate Degree Nursing (ADN) - ADN students are required to attend clinical courses throughout the program, therefore, a Wisconsin caregiver background check, a Minnesota caregiver background check (for New Richmond & Superior students), and a national criminal background check are run on ADN students before the start of the program. The clinical coordinators at each campus will provide any negative background findings to all clinical agencies used for all four semesters of the ADN program. It is the prerogative of the clinical agencies to refuse to allow a student to complete clinical at their facility based on background check information. Inability to complete clinical courses based on background discrepancies may result in dismissal from the program, since course competencies could not be met, even if there are some clinical agencies that will allow the student to attend some semesters.

Background Check Signature Statement

Wisconsin Indianhead Technical College students accepted into this program are required to have Caregiver Background and/or Criminal History checks at the state and/or national levels. By signing below, I am confirming that I have read and understand the bulleted information below and the information contained in this Background Check Disclosure.

- That state and national background checks will be run before and/or after acceptance into the program and that I am responsible for the fees.
- If there are findings on my background check, it could prevent my participation in coursework required for graduation and/or affect my ability to secure employment in my field of study upon graduation.
- If there are no clinical agencies that will accept me based on my background check findings, I will be not eligible to be in or complete your program.
- My background check findings will be communicated to me by a WITC staff person.

(This signed document is needed only for those students who did not complete the online application or requested additional information.)

Signature: _____

Student ID: _____

Program: _____

Date: _____