

FY22 (2021-22)
OTA Student Caregiver Background Check

Student Name: _____

Campus: _____

**Each student must complete the attached
Background Information Disclosure.**

**All Occupational Therapy Assistant students must have a
WI Caregiver Background Check (CBC) completed.**

- I need WITC to run a Wisconsin CBC. Cash or check payable to WITC for \$10.00 is attached.

If National, Minnesota, and/or other out-of-state CBCs are needed for OTA Fieldwork, your Fieldwork Coordinator will advise you at the required time. Costs:

- Minnesota Caregiver Background Check - \$20 + \$9.10 for fingerprinting/photograph
- State Caregiver Background Check – cost varies by state
- Verified Credentials National Criminal Background Check - \$52

SEND THIS PAGE, COMPLETED BACKGROUND INFORMATION DISCLOSURE AND EITHER A CHECK FOR \$10.00 **OR** A COPY OF YOUR ENTIRE BACKGROUND CHECK TO:

Ashland Denise Boutin WITC-Ashland 2100 Beaser Ave Ashland WI 54806 800/243-9482, Ext. 3182 denise.boutin@witc.edu	New Richmond Loni Sempf WITC-New Richmond 1019 S Knowles Ave New Richmond WI 54017 800/243-9482, Ext. 4230 loni.sempf@witc.edu
Rice Lake Sarah Kruger WITC-Rice Lake 1900 College Dr Rice Lake WI 54868 800/243-9482 x5238 sarah.kruger@witc.edu	Superior Nikki Kruger WITC-Superior 600 N 21 st St Superior WI 54880 800/243-9482, Ext. 6220 nikki.kruger@witc.edu

**MUST BE SUBMITTED BY THE DATE ADVISED
BY YOUR PROGRAM DIRECTOR.**

FY22 (2021-22)
Wisconsin Indianhead Technical College
Occupational Therapy Assistant Program

SELF-REPORTING REQUIREMENTS

I understand that my enrollment in required fieldwork experiences of the OTA program is conditioned upon a clearance following review of my background disclosure information and confirmation of the accuracy of the information through the Wisconsin Departments of Justice.

I understand that from the time I complete the Background Information Disclosure form until I graduate from or drop the program, if I am charged with or convicted of a crime or a municipal ordinance violation of any type, before any court, or if I am investigated for any violation of a local, state or federal law, I must report this to the Wisconsin Indianhead Technical College Occupational Therapy Assistant Program Director within seven (7) school days. I understand and acknowledge that the result of the background check and any subsequent investigation, charge or conviction may cause me to be barred or suspended from fieldwork programs. I also understand and acknowledge that this may delay or prevent my graduation from the program, as well as delay or prevent my receiving licensure. I am further informed and understand that my failure to report any required information will prevent enrollment in fieldwork courses and result in dismissal proceedings.

I understand that a further background check will be conducted prior to my enrollment in any fieldwork course. I also understand that after the initial background check, WITC may conduct a new background inquiry at any time the OTA Program Director has reason to believe that a further background check should be conducted. Finally, I am informed and understand that all background checks are obtained at the expense of the student.

Occupational Therapy Assistant Program Director:

Becky Mika, OTR MBA-HCA
WITC-Ashland
2100 Beaser Ave
Ashland WI 54806
800/243-9482 x3184
becky.mika@witc.edu

Print Name: _____

Social Security Number: _____ Student ID: _____

(Must be provided to process the BID)

Signature: _____ Date: _____

Copy to the student