



**CENTER FOR HEALTH SCIENCES
ATHLETIC TRAINING PROGRAM**

Criminal Background Check Policy

In addition to submitting their application to the Athletic Training Program, all prospective Athletic Training students are required to submit information for a criminal background check using the **Criminal Background Check Disclosure and Release** form.

This will include a criminal history and sex offender criminal history check.

The Oklahoma State University Athletic Training Program enters into affiliation agreements with clinical education sites. These agreements provide Athletic Training Students authorized access to facilities resources and patients. This policy is intended to safeguard patients/student-athletes at the clinical sites. To fulfill the terms of these agreements the Oklahoma State University Athletic Training Program requires all applicants to have a criminal background check.

A conviction or pending charges of certain charges and offenses may preclude regular contact with clinical site patients. These offenses include violent crimes, sexual offenses, theft, drug offenses, and existence on the terrorist watch list.

All reports will be made available to the Director of Athletic Training from the agency providing the background check and will be kept confidential. Some information may be released beyond the administration of the Athletic Training Program to clinical sites as deemed necessary. Prospective students will be notified if any information in the report may preclude them from being placed in the clinical sites associated with the education program. Students that are not able to complete the clinical aspect of the program will not be able to satisfy the requirements of the degree. Any student with such information in a report will have the opportunity to submit a written explanation that will be reviewed by the administration of the Athletic Training Program.

Prospective students must independently request a criminal background check from the specified agency and the results will be made available to the Director of the Athletic Training.



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**Criminal Background Check
Disclosure and Release**

Full Name: _____
(Print Full Legal Name) Last First Middle

Date of Birth: ____/____/____

Phone #: (____) _____

Current Mailing Address:

Street or P.O. Box City State Zip

Permanent Mailing Address:

Street or P.O. Box City State Zip

SSN: _____ - _____ - _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Driver's License #: _____ State: _____

I verify that the information above is correct to the best of my knowledge and I authorize the release of the report of the criminal background information performed by the specified agency at my request directly to the Oklahoma State University Athletic Training Program. I also authorize the Program to provide information from the report to clinical affiliate sites when necessary for participation at such sites.

Signature: _____ Date: ____/____/____