



NURSE AIDE

I give Panola College permission to perform a background search from the following websites in accordance with the requirements set forth by the Texas Health and Human Services (HHS), Chapter 94, Nurse Aides, and the Health and Safety Code, Chapter 250, **prior** to registering for the Nurse Aide program:

1. Texas Health and Human Services Employability Status Check (includes Nurse Aide Registry and Employee Misconduct Registry)
2. Texas Department of Public Safety – Criminal History background

If I am married or have been married and divorced, I also give Panola College permission to perform a Criminal Background check on my maiden name as well as my married name(s).

I understand that I must also disclose to Panola College if I have been a Certified Nurse Aide previously or under any name other than the name I am enrolling in at the present time.

My admission into the Nurse Aide program is ultimately determined by the findings of the above searches and those findings will be final.

PRINT NAME: LAST FIRST MIDDLE MAIDEN

OTHER NAMES USED: _____

DOB: _____ SSN: _____ - _____ - _____ RACE: _____ GENDER: _____

HAVE YOU EVER BEEN A CERTIFIED NURSE AIDE? YES _____ NO _____

IF YES, UNDER WHAT NAME? _____

SIGNATURE: _____

DATE: _____



CONSENT FOR BACKGROUND CHECK AND DRUG SCREENING

I, _____, recognize that the use and abuse of alcohol, drugs or substances can create an unsafe clinical working environment for others and myself. When requested, I agree to provide a blood, urine and/or breath sample to a drug-testing laboratory designated by Panola College. I also permit the testing laboratory to release the results of the drug-screening test to designated Panola College authorities.

I give permission to Panola College authorities to verify my prescription medications with the prescribing health care provider.

In compliance with the clinical affiliates that require a student background check, I give Panola College permission to perform a background check.

I give Panola College Nurse Aide program permission to give copies of the results of my drug screening and/or criminal background check to the Clinical Supervisor, Director of Nursing or Clinical Human Resource Department at the site I am attending, when requested.

I agree to pay a **non-refundable** \$15 fee at the time of registration.

SIGNATURE: _____

DATE: _____