

Page 1 of 2	SECURITY SCREENING	Policy Number:	D608
		Approved Date:	09/11/2020
		Effective Date:	09/11/2020
		Review Date:	2023

POLICY TITLE: SECURITY SCREENING

Policy

1. Security screening, including criminal background check and drug testing, is a requirement for matriculation into the Doctor of Nursing Practice (DNP) program. Students will be screened following admission but prior to enrollment. A “HOLD” will be placed on enrollment until clearance documentation is received.
2. Accepted applicants must submit the Student Declaration for Criminal Background Checks and Drug Screens on the form enclosed as Attachment A and complete the screens before enrollment. Accepted applicants who do not complete and/or pass the screens will be removed from the accepted student list.
3. University of Houston College of Nursing (UHCON) will designate the company(ies) approved to perform the criminal background check and drug screening. Results from any company other than those designated by the university will not be accepted.
4. The student will pay the cost of the criminal background check and drug screening. All costs associated with security screening will be paid at the time of testing.
5. A student who is unable to fulfill the requirements of the UHCON due to criminal or other adverse activities that are revealed in a background check or positive drug screen will be barred from enrollment.
6. A student who has been enrolled and has had a break in enrollment will be required to undergo another background check and/or drug screening. A break in enrollment is defined as withdrawal from a program and readmission.
7. Should the clinical affiliate require the criminal background check and drug screen results be submitted directly from the third parties who conducted the criminal background check and drug screen, the student will promptly contact the third parties to get this accomplished.

Approved by CON Faculty: 09/11/2020

Approved by Dean Kathryn Tart: 09/14/2020

Page 2 of 2	SECURITY SCREENING	Policy Number:	D608
		Approved Date:	09/11/2020
		Effective Date:	09/11/2020
		Review Date:	2023

Attachment A
University of Houston
College of Nursing

Student Declaration for Criminal Background Checks and Drug Screens

I recognize and understand that prior to participating in any clinical rotation through the University of Houston College of Nursing (“CON”) program, I must undergo certain training and testing, including submitting to a drug screen and criminal background check at my own expense. I further understand that some clinical affiliates may not allow me to participate in a clinical rotation if I have a criminal background or if I failed to pass a drug screen, which could result in my failure to complete my CON academic program. Although the CON does not conduct the criminal background checks or drug screens or make determinations as to the clinical rotations based on the outcome of my criminal background check or drug screen, the CON may be required through its affiliation agreements with clinical affiliates to certify that its students have submitted to a criminal background check and drug screen test. As a result, by signing my name below, I declare and attest that I have completed a criminal background check and drug screen. I further declare and attest that prior to participating in any clinical rotation, I will provide the results of the criminal background check and drug screen to the clinical affiliate for the clinical affiliate to analyze whether I am eligible to participate in the clinical rotation. I further declare and attest that should the clinical affiliate require the criminal background check and drug screen results be submitted directly from the third parties who conducted my criminal background check and drug screen, that I will promptly contact the third parties to get this accomplished. I recognize and understand that failure to provide my criminal background check and drug screen results to the clinical affiliate prior to my participation may result in my withdrawal from the clinical rotation, which could result in my failure to complete my CON academic program.

Printed Name

Signature

Date

Signature of Parent or Guardian if under 18