



Instructions for completing the Consent for Release

Completing the form incorrectly may prevent you from starting your health care program.

1. Print all sections clearly
2. List maiden name and/or all previous names used (if applicable).
3. If you have lived at the address you're listing for fewer than 7 years, please use an additional piece of paper to list all previous addresses.
4. If you lived in Georgia or New Hampshire, please contact our office for an additional form. If you have ever had an address in either of these states, please list the address. It will take up to 30 days to process a background check from Georgia or New Hampshire.
5. If you have lived in West Virginia, please contact our office. West Virginia requires finger prints to be included with Student Information and Release Authorization.
6. If you are **employed** with **Carolinan HealthCare System**, list your employee number.
7. A standard fee is included in the deposit however, if your background check incurs a higher cost, you will be responsible for the additional fee. Additional fees may apply if you lived in multiple states, lived out of the United States, or have multiple names. In those cases, you'll be charged only for the additional charges incurred by the College.

For Nurse Aide and Phlebotomy Program students only:

If you are not cleared before your program orientation, you will be permitted to complete a "Request to Begin Program" form. This form is required if you wish to begin the didactic portion of a nurse aide or phlebotomy program but do not yet have a "cleared" background status. It does not guarantee eventual clearance, and does not guarantee clearance will occur in time to begin clinical activities.

If you have any questions or need additional forms, please contact the Admissions Office:

Carolinan College of Health Sciences
1200 Blythe Blvd
Charlotte NC 28203
704-355-5051

Rhoda Rillorta
Admissions Coordinator
Rhoda.Rillorta@CarolinanCollege.edu



Carolinan HealthCare System
Carolinan College of Health Sciences & Mercy School of Nursing

Consent for Release

The purpose of this release is to provide documentation of drug screen results, immunizations, and background checks to clinical facilities and educational programs which are part of Carolinas HealthCare System, or which are clinical partners thereof.

Background Verification Disclosure

In connection with my admission to an educational program, I understand that Carolinas HealthCare System (CHS) may obtain a consumer or investigative consumer report which may contain public record information, criminal record, driving record, credit standing, credit capacity, education, prior employer verification, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from various federal, state and local agencies, credit bureaus, past or present employers and educational institutions, business or personal references, or any other source necessary to verify information. Upon written request, additional information as to the nature and scope of the report will be provided in the event the report contains information regarding your character, general reputation, personal characteristics, or mode of living. If negative information contained in the report should result in a change of status in regards to my admission to or enrollment in an educational program, I understand that I will be notified. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Drug Screen Results and Immunization Records

In connection with my enrollment in an educational program, CHS and/or the educational program may release my drug screen results, immunization records, or any related information to agencies providing clinical experiences in the normal course of business.

Authorization, Acknowledgement, and Release

During the application process or at any time during my affiliation with CHS or during my enrollment in a CHS educational program, I authorize CHS to procure, through a third-party vendor, a consumer or investigative consumer report which may include information as described above. I further authorize CHS and its agents to provide the information obtained from such report, as well as my drug screen results, immunization records, or any related information, to any agency providing clinical experiences for the purpose of evaluating acceptance into or continued participation in an internship, preceptorship, or clinical experience. I understand that I must report any charge, conviction, plea of no contest, or prayer for judgment in writing to school or program officials according to policy. Failure to do may result in termination of my participation in the clinical experience and dismissal from the educational program.

I hereby release those individuals or companies, CHS and its agents and educational programs, employees and officers, from any liability that may arise from the disclosure of such information or from my termination of participation in a clinical experience as described above. This authorization and release is in effect until my program of study is complete unless previously revoked in writing.

Signature: _____

Date: _____

For identification purposes, please print all information clearly

Last Name First Name Middle Name

Maiden or other Names: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Home Phone: _____ Cell Phone: _____

Select the school to which you have applied: Carolinas College of Health Sciences Mercy School of Nursing

Check one of the following (if applicable):
 Current CHS Volunteer Current CHS Employee (ID# _____) Previous CHS Employee (Dates of Emp _____)

List all addresses for the past seven (7) years starting with most current (continue on back if necessary)

Street	City	State	Zip	Dates (MM/YY)	
1. _____	_____	_____	_____	From: _____	To: _____
2. _____	_____	_____	_____	From: _____	To: _____
3. _____	_____	_____	_____	From: _____	To: _____
4. _____	_____	_____	_____	From: _____	To: _____
5. _____	_____	_____	_____	From: _____	To: _____

Please return to:
Admissions Office, Carolinas College of Health Sciences, 1200 Blythe Blvd., Charlotte, NC 28203
Admissions Office, Mercy School of Nursing, 701-B Forest Point Circle, Charlotte, NC 28273