

Allied Health Division
Drug Testing/Screening
and
Criminal Background Check Policy

Some clinical affiliation sites (internships, externships, practicum, clinical) require students to complete drug screening and/or a criminal background check (CBC) *prior* to clinical placement. Some sites may also request drug screening *during* a student's clinical experience. A positive drug test and/or CBC may exclude you from clinical placement and make it impossible for you to complete the clinical competencies required for graduation from the program you have been admitted to. A positive drug test and/or CBC may also be cause for dismissal from an Allied Health program. Please see individual program student handbooks.

You may also be asked to complete a drug test according to individual program and/or Mt. Hood Community College policy.

If requested to do a drug test, the payment for drug screening is the responsibility of the student. The cost of the CBC is the student's responsibility. Refer to the program application for information about completing the CBC. All students required to do drug screening and/or a CBC must sign a release allowing the Program Director, Dean of Allied Health, MHCC Vice President, and the clinical supervisor access to results of the student drug screen and CBC.

Mt. Hood Community College-Allied Health Division

Consent Drug/Alcohol Testing and Criminal Background Check Statement of Acknowledgement and Understanding Release of Liability Form

I have read, understand and agree to Mt. Hood Community College, Allied Health Division's drug screening and criminal background check policy and procedure. I understand that the purpose of this policy is to provide a safe working and learning environment for patients, clients, students, clinical, and institutional staff and property. Accordingly, I understand that prior to participation in clinical, internship, externship, and/or practicum experiences; I may be required to undergo drug testing on my urine. I also understand that a positive drug test and/or criminal background check may exclude me from clinical placement and make it impossible for me to complete the clinical competency required for graduation from the program to which I have been admitted. In addition, I understand that a positive drug test may also be cause for dismissal from an Allied Health Program. I further understand that I am also subject to retesting at anytime for cause (i.e. reasonable suspicion that I am using or am under the influence of drugs or alcohol).

My signature below indicates that:

1. I consent to urine drug testing and criminal background check as required by clinical agencies and directed by Mt. Hood Community College Allied Health Division.
2. I authorize the release of all information and records, including test results of the screening or testing of my urine specimen and criminal background check results to one or all of the following:
 - the MHCC Vice President of Instruction
 - the Dean of Allied Health
 - the Program Director
 - the clinical site prior to starting my clinical experience
3. I understand that all costs incurred with the drug testing and criminal background check will be my responsibility.
4. I hereby release Mt. Hood Community College, the Allied Health Division, their officers, employees, and agents ("releasees") from any and all claims arising from the administering of such tests, the analysis of test results, and the use and disclosure of said results, *except* claims based on the releasees' negligence or intentional wrongdoing.

My signature indicates that I have read and understand this consent and release form, and that I have signed it voluntarily.

Print Name

Student's Signature

Date