

ALLIED HEALTH STUDENT ONBOARDING

BACKGROUND SCREENING (within 2 years or upon acceptance in to academic program)	CLEAR
Missouri Department of Health and Senior Services – Employee Disqualification List	
US Department of Health and Human Services List of Excluded Individuals/Entities	
Criminal background check with the local jurisdictions as well as the Missouri Highway Patrol	
Local County, State and Multi-State Criminal/Sex Offender check	
Social Security Number Tracer	
Government Services Administration Excluded Parties Listing System	
No outstanding warrants	
REQUIREMENTS FOR THE ACADEMIC INSTITUTION	
Program Accreditation Certificate on file	
Liability Insurance on file	
Clinical Education Agreement with TMC on file	
FINAL REVIEW BY SCHOOL COORDINATOR/REPRESENTATION	VE
Previous five pages are complete.	
Current FCSR results letter is attached (if required).	
Current TMC eLearning transcript is attached.	
The school has this student's pertinent records on file: immunizations/TB tests, background screening and CPR credentials (<i>if required</i>). All documents are available to TMC upon request.	
School Coordinator/Representative	
Name (print): Signature:	

Thank you for choosing Truman Medical Centers!

Title ______ Phone: _____