



ALLIED HEALTH STUDENT ONBOARDING

BACKGROUND SCREENING <i>(within 2 years or upon acceptance in to academic program)</i>	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 <i>on file</i>	
Liability Insurance <i>on file</i>	
Clinical Education Agreement with TMC <i>on file</i>	
FINAL REVIEW BY SCHOOL COORDINATOR/REPRESENTATIVE	
Previous five pages are complete.	
Current FCSR results letter is attached <i>(if required)</i> .	
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: _____

Title _____ Email: _____

Thank you for choosing Truman Medical Centers!