

SUMMER 2021 FINGERPRINTING NA 101 CLASSES

All students registered for NA 101 must be fingerprinted before the 1st day of class. There are several steps involved in obtaining your fingerprinting:

1. Complete the fingerprinting form (Health Care Worker Background Check/Authorization and Disclosure Form), which is page 2 of this document. You will need to print and complete this form. **PLEASE READ THIS FORM CAREFULLY AND ANSWER ALL QUESTIONS. DO NOT LEAVE ANYTHING BLANK. PRINT NEATLY AND CLEARLY.** Be sure to include the states where you have lived and your place of birth (the state or foreign country).
2. **Return completed form on or before April 26th, 2021** via email to Chris Chierigatti at cchierig@jjc.edu or Linda Saveas at fsaveas@jjc.edu. The information on this form will be entered into the state database and will generate a Livescan Fingerprinting Request form.
3. A fingerprinting technician will be designated for JJC's Nurse Assistant students on **Tuesday, May 11th 2021 from 9:00am-2:00pm at Accurate Biometrics, 2000 Glenwood Ave. Suite #106 Joliet, IL 60435.** Each class section has been assigned a time to avoid too many students arriving at once. If you cannot attend during your slotted time, you may come at another time on that day.
4. Students enrolled in **section 700 or 701 (late-start) will be fingerprinted at a later date.** Please email the background check form and you will be contacted with further instructions.
5. If you are unable to attend on May 11th, please contact Linda Saveas at fsaveas@jjc.edu or Chris Chierigatti at cchierig@jjc.edu to receive instructions for obtaining fingerprinting for another date. This needs to be **completed before the 1st day of class.**

Section #	Time
500	9:00-10:00am
501	10:00-11:00am
560	11:00-12:00pm (Technician will be on break 12-12:45pm)
530	1:00-2:00pm

****You must bring a valid government-issued photo I.D. (driver's license or state I.D.) to the fingerprinting session. Your picture will also be taken by the technician.** The cost of fingerprinting is included in your course fees. Please understand that you may need to wait if other students are being fingerprinted and must follow the guidelines of wearing a face mask and maintain 6 ft. social distancing due to Covid-19.

Please contact Linda Saveas at 815-280-2796 or Chris Chierigatti at 815-280-2336 with any questions.



Health Care Worker Background Check

Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local unit of government in any State, to release those records to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program, or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that an educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City: _____ State: _____ Zip Code _____

Other Names Used _____ Telephone _____ - -

States Where You Have Lived? _____ Place of Birth (State or Country if not US): _____ Hair Color _____ Weight _____

Male Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - -

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
 - B** Black or African American (Not Hispanic or Latino)
 - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
 - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
 - U** Of undeterminable race. Of Untold mixture.
 - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft? Yes No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

(Signature)

(Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable)

(Date)