

INVESTIGATIVE ASSOCIATES & CONSULTANTS, INC.
(In association with Forsyth Technical Community College)
AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application for a clinical rotation at a healthcare facility associated with Forsyth Technical Community College, an investigation will be conducted. I authorize Investigative Associates & Consultants, Inc. to conduct such an investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, education, references, consumer credit history, driving history, and any criminal history which may be in the files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. I authorize Investigative Associates & Consultants to transmit a copy of my background investigation to other entities such as hospitals or clinical sites where I may participate in additional clinical rotations. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

Last (Please print Full Name – Do not use initials)	First	(BIRTH) Middle	Social Security #	Mo.	Day	Yr
			Date of Birth			
Maiden, Previous Married, and all other Alias names used			Driver's license #	State	Sex	Race
Daytime Telephone Number			Email Address			

Present Address	City/State	Zip/County	Yr	Mo
			How long?	

List all other addresses used for the past 7 years - use additional page(s) if needed.

Previous Address	City/State	Zip/County	Yr	Mo
			How long?	
Previous Address	City/State	Zip/County	Yr	Mo
			How long?	
Previous Address	City/State	Zip/County	Yr	Mo
			How long?	

If you have lived in the following states within the last seven years; Alabama, Arkansas, District of Columbia, Georgia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, New Jersey, South Dakota, or Virginia, you will be asked to complete an additional form at the time of your interview.

If you have lived in Delaware, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) at the time of your interview.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

PROGRAM - COURSE	
Applicant's Signature	Date

Investigative Associates & Consultants, Inc.
3796 Vest Mill Road
Winston-Salem, NC 27103

Telephone: (336) 768-7040 Telefax: (336) 768-2728 E-mail: info@iacinvestigations.com

Criminal Background Check (CBC) and Drug Screening (DS) (NAI, NAII, EKG Technician, Phlebotomy, Autism Paraprofessional)

Healthcare facilities providing clinical experiences for Forsyth Technical Community College programs require criminal background checks and drug screens on students working in their facilities. The screening company approved and in compliance with the healthcare agencies and Forsyth Technical Community College is Investigative Associates & Consultants (IAC). This company shares findings of the screenings only with the clinical site and the student. Healthcare facility representatives review the findings on the background check/drug screen (CBC/DS) and determine whether students are eligible to participate in clinical education. The cost of the CBC/DS begins at \$70.00 when the drug screen is conducted at IAC. If the drug screen should be conducted by another lab with which IAC has an agreement, the minimum cost for the CBC/DS will be \$75.00. This cost is **the sole responsibility of the student**. Autism Paraprofessional students are not required to do the drug screening. Criminal background checks/drug screens are valid for 12 months and must be current at the start date of class.

- **Students are required to begin the Background Check and Drug Screen before course registration, preferably 4-8 weeks before the class begins to allow clinical sites ample time to complete their review process.**
 - Complete the *Authorization for Release of Information* prior to going to IAC.
 - Payment may be made with cash, check, or money order only. **Debit/credit cards are not accepted.**
 - Address: 3796 Vest Mill Road, Winston-Salem, NC 27103. Phone: 336.768.7040.
 - From Stratford Road headed towards Hanes Mall Blvd., turn right on to Healy Drive. At the light at the Post Office, turn left onto Ashleybrook. Go to the stop sign and turn right onto Vest Mill Rd. IAC is on the left.

- Students are to submit receipts from the CBC/DS to the Health Education Department as they do with other prerequisite documents. When all prerequisites are submitted, students will be given a Memorandum to submit to Customer Service for course registration.

- IAC will process the CBC/DS. **Upon registration, students are to notify IAC of the clinical site they will attend (see registration form for location) and reports will be sent to designated clinical sites.**

- If a student is denied by the clinical agency:
 - The clinical site will notify the Forsyth Tech representative with the student name and decision only. FT does not receive the specifics of the denial. If results are received after class begins, the course instructor will also be notified.
 - The Forsyth Tech representative will notify the student.
 - Students will be directed to IAC with questions and/or for copies of their reports.
 - Students will need to appear in person at IAC to receive a copy of their report.

- Decisions made by the clinical site may not be appealed.

- Students may apply for a refund per **Forsyth Tech Refund policy**:
 - A 100% refund (excluding the \$18.00 Liability Insurance cost) may be issued when a class is officially dropped before the first day of class.
 - A 75% refund (excluding the \$18.00 Liability Insurance cost) may be issued if a student officially withdraws before the class has met 10% of its scheduled time (census date).
 - No other refund is given.