

SELF-REPORTING REQUIREMENTS

***This form should only be used to self-report an incident or life event that could result in an UPDATE to a background check previously run by Northwood Tech. If you are not sure if you should self-report, please contact the Phlebotomy Program Contact listed below.**

I understand that my enrollment in required clinical experiences of the Phlebotomy program is conditioned upon a clearance following review of my WI Background Information Disclosure (BID), National Background Check, and/or MN Applicant Profile (AP) confirmation of the accuracy of the information through the Minnesota and Wisconsin Departments of Justice.

I understand that from the time I complete the BID and/or AP form until I graduate from or drop the program, if I am charged with or convicted of a crime or a municipal ordinance violation of any type, before any court, or if I am investigated for any violation of a local, state or federal law, I must report this to the Northwood Technical College Phlebotomy Program Contact within seven (7) school days. I understand and acknowledge that the result of the background check and any subsequent investigation, charge or conviction may cause me to be barred or suspended from clinical programs. I also understand and acknowledge that this may delay or prevent my graduation from the program, as well as delay or prevent my receiving licensure. I am further informed and understand that my failure to report any required information will prevent enrollment in clinical courses and result in dismissal proceedings.

I understand that a further background check will be conducted prior to my enrollment in any clinical course. I also understand that after the initial background check, Northwood Tech may conduct a new background inquiry at any time the Associate Dean, Health Sciences has reason to believe that a further background check should be conducted. Finally, I am informed and understand that all background checks are obtained at the expense of the student.

Phlebotomy Program Contact

Lisa Perkins, MS, MLS(ASCP)
Associate Dean, Health Sciences
Northwood Technical College
2100 Beaser Ave
Ashland WI 54806
Phone: 715.685.3095
lisa.perkins@NorthwoodTech.edu

Print name: _____ Birth Date: _____

Social Security Number: _____ Student ID: _____
(Must be provided to process the BID)

City, County, and State of Violation: _____

Signature: _____ Date: _____
(typed signature is acceptable)

Copy to the student