Health Sciences
Student Identification (ID) Information for Background Checks
(please print legibly)

Name _____ **Student ID #** _____

Primary Phone Number _____ **Alternate Phone Number** _____

Northwood Tech Email Address _____

Social Security Number (**required for WI Caregiver Background Check**) _____

Race (required for WI Caregiver Background Check)   _____ White   _____ Black

_____ Asian or Pacific Islander   _____ American Indian or Alaskan Native   _____Unknown

Program

Instructor/Advisor will inform students if MN and/or other state background check is required.

_____   **Dental Assistant**: WI & National CBCs required prior to entry into the DA program; Policy DA-07

_____   **Health Information Technology**: WI & National CBCs required before the start of the fourth semester of coursework; Policy HIT-07

_____   **Medical Assistant**: WI & National CBCs required prior to entry into the MA program, and again 90 days prior to MA Practicum; Policy MA-12

_____   **Nursing Assistant**: WI CBC required prior to entry into the NA program

_____   **Nursing-Associate Degree**; WI, MN (Superior students only), & National required prior to entry into the ADN program; Policy ADN C-02

_____   **Occupational Therapy Assistant**: WI CBC required between August 1 and September 1 of the year you are admitted to (514) courses; Policy OTA-29

_____   **Pharmacy Technician**: WI & National CBCs required prior to entry into the PharmTech program; Policy PhT-05

_____   **Phlebotomy**: WI CBC required prior to entry into the Phlebotomy program; Policy Phleb-04

Student Signature _____ **Date** _____
                              (typed signature is acceptable)

This information is considered private and will be kept in a secured electronic file.