



FLORIDA INTERNATIONAL UNIVERSITY
College of Nursing and Health Sciences
Consent and Release Authorization Form

I authorize The Florida International University Board of Trustees, by and on behalf of Florida International University (hereinafter "Florida International University"), and clinical facilities and training sites, whether in or outside the State of Florida, to receive criminal background check, drug testing, and health reports on me in conjunction with my status as a student requesting placement in clinical facilities and training sites. It is my responsibility to keep the clinical requirements current for each semester. I should keep all original documents and be prepared to show them each semester if requested by the assigned health care facility. It is possible that participation at a particular facility may necessitate additional screening **or that additional screening may be required during the course of the program (this may incur an additional cost at that time).**

I further authorize Florida International University to release the criminal background check, drug testing, and health reports to clinical facilities and training sites to which I am assigned for clinical education. I understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

I further authorize the clinical facilities and training sites to share any information they have regarding my participation in the clinical training program at their site in connection with the applicable Affiliation Agreement with Florida International University. This information may include, but is not limited to, any of my student records as defined under the Family Education Rights and Privacy Act, to the extent applicable. I release the applicable clinical facility(ies) and training site(s) and their respective officers, employees, agents, contractors, and other representatives from any liability or damage in connection with their release of the information noted in this provision to The Florida International University.

I understand agencies may refuse me access to clients/patients based on information contained in the reports and that their criteria may differ from the criteria of the College of Nursing and Health Sciences.

I release the College of Nursing and Health Sciences, Florida International University, the Florida International University Board of Trustees, the Board of Governors, the State of Florida, and their trustees, officers, directors, employees and agents from any liability or damage in connection with the release of criminal background check, drug testing and health information.

I understand that I have the right to respond in writing to the information and to pursue an appeal of a negative decision made by the Dean of the College of Nursing and Health Sciences or her/his designee.

As a condition of participating in the Program, I shall abide by the terms of this statement and notify the University of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 894, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than 48 hours after such conviction.

Student Signature

Panther Number

Student Name (Print)

Phone Number

Date

Email

Check Program

BSN
OT

MSN
PT

CRNA
CSD

RN-BSN
AT

FEP-MSN
HSA