



SUMMER 2024 FINGERPRINTING NA 101 PROGRAM

All students registered for NA 101 must be fingerprinted before the first day of class. There are several steps involved in obtaining your fingerprinting, please read all directions below.

1. **Complete PAGE 2 of this document** (Health Care Worker Background Check/Authorization and Disclosure Form). You will need to print and email this form back to JJC. PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANYTHING BLANK. PRINT NEATLY AND CLEARLY.
2. **Return completed form before April 22, 2024** via email to Chris Chierigatti at cchierig@jjc.edu or Linda Saveas at fsaveas@jjc.edu. If you register for a class after 4/22/24 email the background check form ASAP.
3. A fingerprinting technician will be at **JJC Main Campus, 1215 Houbolt Road on Monday, May 13th, 2024 from 10am-2pm in Building U - Room 2019.** Class sections have been assigned a time slot to avoid too many students arriving at once. If you cannot attend during your scheduled section, you may come at any other time slot. It is your responsibility to bring a photo-copy of your signed social security card on this day, we will not be able to copy it for you.
4. If you are unable to attend on May 13th, please contact Chris Chierigatti (cchierig@jjc.edu) or Linda Saveas (fsaveas@jjc.edu) to receive instructions to obtain fingerprinting at another date. This needs to be completed before the first day of class.

<u>Section #</u>	<u>Time</u>
500/501	10:00am - 12:00pm
560/760	10:00am - 12:00pm
530/580	12:00pm - 2:00pm
700/701	12:00pm - 2:00pm

**** You must bring a valid government-issued photo I.D. (driver's license, passport or state I.D.) AND a photo-copy of your Social Security Card to the fingerprinting session.** This is required by the State of Illinois. Your picture will 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 you must follow the CDC guidelines for social distancing.

Please contact Linda Saveas, Program Coordinator 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 a 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)