


Name of Policy: Criminal Record Checks Policy Number: 3364-86-034-00 Approving Officer: Provost & Executive Vice President for Health Affairs, Dean of the College of Medicine Responsible Agent: Director, Graduate Medical Education Scope: UT College of Medicine Residents	 Effective date: 11/03/09
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

POLICY

A criminal record check will be conducted on residents entering into Graduate Medical Education (GME) programs at The University of Toledo.

PURPOSE

To assure that the resident engaged in training at The University of Toledo do not have a criminal history that may preclude him/her from participating in the residency training program including, but not limited to, care of patients in vulnerable populations (i.e. children and elderly).

PROCEDURE

I. AUTHORIZATION PROCESS AND THE CRIMINAL RECORD CHECK

All incoming residents will be fingerprinted through the Health Science Campus Police department at The University of Toledo. Residents undergoing a criminal record check must complete an Authorization to Release Information (Appendix A).

Fingerprint checks will be conducted under Senate Bill 38 (care of children) and Senate Bill 160 (care of the elderly).

The Bureau of Criminal Identification & Investigation will conduct an Ohio and Federal background check.

The cost of the criminal record check will be paid by the institution.

Employment with The University of Toledo is conditional pending the return of the criminal record check.

II. HANDLING ADVERSE REPORTS

In the result of an adverse report, the report will be submitted to the Office of General Counsel and the Graduate Medical Education office for review and proposed action for continuation in the

training program; focusing on primarily suitability for the profession of medicine, threats to individual patients, and risks to the College of Medicine and the community.

The resident may be required to provide a detailed, written description and explanation of the information contained in the criminal records report along with appropriate documentation, such as police reports, certificated court records and any institutional correspondence and orders. This information must be returned to the Graduate Medical Education office within ten working days of the date the communication is sent to the resident. Any extension of this ten day period must be set forth in writing signed by an authorized University representative. The College of Medicine may also independently seek to obtain additional information, such as a copy of the original criminal charge, in order to corroborate the individual's explanation.

The criminal record report and the resident's explanation (if requested) will be reviewed. No provided information will automatically result in dismissal for the residency program. A final decision for continuation in the residency program will be made only after careful review of factors including, but not limited to: the nature and seriousness of the offense, the circumstances under which the offense occurred, relationship between the duties to be performed as part of the educational program and the offense committed, the age of the person with the offense was committed, whether the offense was an isolated or repeated incident, the length of time that has passed since the offense, past employment and history of academic or disciplinary misconduct, evidence of successful rehabilitation, safety of patient care, safety of fellow residents and/or staff, violation of conditions stipulated within the resident's contract, state and federal regulations regarding employment of an individual with a past misdemeanor, felony, and/or similar offense, and the accuracy of any information provided by the resident.

Upon consideration of the information provided a decision will be rendered to continue or dismiss the resident from the residency program. The resident will be notified in writing within 10 days of the final decision.

If a resident is unable to obtain a temporary training certificate from the State of Ohio Medical Board due to a past criminal history, the resident will be subject to immediate dismissal from the residency program.

The resident will retain the right to Due Process for dismissal from the program as outlined in the most recent version of the GME Due Process policy 3364-86-008-00.

<p>Approved by:</p> <p>_____</p> <p>Chairman, Graduate Medical Education Committee</p> <p>_____</p> <p>Provost and Executive Vice President for Health Affairs And Dean, College of Medicine</p> <p>Review/Revision Completed by: Graduate Medical Education Committee</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • None <p>Initial effective date: 11/2005</p> <p>Review/Revision Date: Revised 2/6/07 Revised 11/6/07, Reviewed 11/3/09</p> <p>Next review date: 11/2011</p>
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Note: The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.



COLLEGE OF MEDICINE
THE UNIVERSITY OF TOLEDO

AUTHORIZATION TO RELEASE INFORMATION

I have accepted a conditional offer of employment with The University of Toledo (UT) and hereby specifically authorize and permit The University of Toledo and its principals, employees, agents, servants, and contractors to contact character references, former employers, law enforcement agencies, courts of law, federal, state and local regulatory agencies, and schools to obtain information from such sources about me. I understand that any investigation into my background may include reference to any information which is a matter of public record (for example, criminal convictions, traffic offenses, and lawsuits). I hereby waive any rights of action I may have against The University of Toledo and its employees, agents, servants, and contractors in connection with the obtaining and/or reporting of such information for purposes of determining my eligibility for employment. I further authorize The University of Toledo to conduct pre-employment drug testing, physical examinations, and/or psychological examinations to determine my suitability for employment.

This release is executed with full knowledge and understanding that the information is for the official use of The University of Toledo. I understand that this form may be photocopied and sent to Police Departments, employers, etc., as deemed necessary by Human Resources and the UT Campus Police Department. I further understand that information obtained from any job related and behavioral tests will also be evaluated when making final hiring decisions.

Consent is also hereby granted to release requested information to the UT Campus Police Department. I hereby release you as the custodian of such records, both individually and collectively, from any and all responsibility or liability for damages of whatever kind, which at any time may result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that in signing this release I will be authorizing The University of Toledo to make inquiries into my personal, educational and work history. I also understand that a conditional offer of employment may be withdrawn based on the information obtained in such inquiries and tests, and also based upon the results of a pre-employment drug screen, physical examination and/or psychological examination as applicable.

Printed Name: _____

Social Security #: _____

Date of Birth (*month/day/year*): _____

Residency Program: _____

Signature: _____

Date: _____