School of Health Professions
Student Drug Screen and Background Check

Policy:
With the exceptions noted below, students admitted to programs in the School of Health Professions will complete a routine drug screen and criminal background check using the vendor(s) with whom the School has a current agreement for those services. These screens should be completed prior to the conclusion of the voluntary add/drop period of the first term of enrollment. A second routine drug screen and criminal background check using the approved school vendor, or a vendor required by the assigned clinical facility, will be completed prior to placement in a clinical rotation. Any required additional screens, and those desired for waived programs, will be at the discretion of the program. School-negotiated fees for these screens will be the responsibility of the student.

Programs Waived from the Policy:
• Doctor of Philosophy – Administration/Health Services
• Doctor of Science – Administration/Health Services
• Doctor of Philosophy – Nutrition Science (unless patient / research subject contact)
• Graduate Certificate in Low Vision Rehabilitation – Occupational Therapy
• Master of Science in Health Administration – International Track
• Master of Science in Health Administration – Executive Track
• Master of Science in Occupational Therapy – Post-professional Track

References:
• UAB Drug-Free Campus Policy for Students (http://www.uab.edu/policies/content/Pages/UAB--POL-0000046.aspx)
• SHP Policy on Impairment and Substance Abuse (http://www.uab.edu/shp/images/PDF/shp%20substance%20abuse%20policy.pdf)
• SHP Policy for Criminal Background Check (2006)

Attachments:
• Procedure for Criminal Background Check and Drug Screen
• Student Instructions for accessing CertifiedBackground.com
• UAB SHP Consent to Criminal Background Check and Release of Results
• UAB SHP Consent to Drug Testing and Release of Drug Test Results

Note: Replaces the 2006 Criminal Background Check Policy for SHP Students

Policy and Procedures
Approved by SHP Academic Affairs Committee 4/18/12

Approved 5/23/12

Harold P. Jones, PhD
Dean
Procedure for Criminal Background Check and Drug Screen:

1. Program directors (or designees) provide all accepted students with the Student Instructions form (attached), the Consent to Release of CBC Results form (attached), and the Consent to Release Drug Screen Results form (attached).
2. Students sign and return the consent forms, which are placed in the student’s program file.
3. Students go to the designated website, request the specified background check and drug screen, and pay for the service.
4. Program directors access the secure website to view a student’s background check and drug screen results.
5. Program directors discuss with individual students the implications of any information in their background report or drug screen that might prevent them from being placed in a clinical rotation or that would make them ineligible for professional certification. If such information exists, the student must acknowledge in writing his or her decision to continue in the program’s didactic phase with the understanding that a degree cannot be awarded without completion of required clinical practice.
6. Prior to clinical placement, program directors (or designees) provide students with the Student Instructions form to request a repeat background check and drug screen. If the vendor is specified by the clinical site, instructions are provided to the program director and/or the student by the preceptor.
7. Students go to the designated website, request the specified background check and drug screen, and pay for the service.
8. Program directors access the secure website to view a student’s background check and drug screen results.
9. Program directors discuss with individual students the implications of any information in the background report that might prevent them being placed in a clinical rotation.
10. Program directors (or designees) provide students with necessary contact information to release background check and drug results to their assigned clinical preceptor.
11. Should any clinical site require drug testing or a background check beyond those specified by the School, the student will follow the facility’s procedures for those screens.
Welcome to myCB

To place your order go to:

https://www.castlebranch.com/

Package Name: AH01 – Background Check and Drug Test

PLACE ORDER  SELECT PROGRAM  SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- View order results
- Upload documents
- Manage requirements
- Place additional orders
- Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com
UAB School of Health Professions
Consent to Drug Testing and Release of Drug Test Results

For and in consideration of my participation in clinical education experiences, I understand that I will be required to submit to drug testing as a prerequisite to my assignment to a clinical site. I hereby consent to be tested for drugs and consent to the release of any such drug test results to my Program Director, and the subsequent release of such drug test results to the clinical site to which I am assigned.

I understand that any clinical site to which I am assigned has the right to require additional drug testing as a condition of my placement. I hereby consent to any facility-required drug testing and consent to the release of such drug test results to my Program Director.

Student’s Signature ___________________________ Date ______________________

Signature of parent/ legal guardian
(required only if student is under 19)
UAB School of Health Professions
Consent to Criminal Background Check and Release of Results

For and in consideration of my participation in clinical education experiences, I understand that I will be required to submit to a criminal background check as a prerequisite to my assignment to a clinical site. I hereby consent to have a criminal background check and consent to the release the results to my Program Director, and the subsequent release of the results to the clinical site to which I am assigned.

I understand that any clinical site to which I am assigned has the right to require additional background check as a condition of my placement. I hereby consent to any facility-required background check and consent to the release of the results of the check to my Program Director.

_________________________    _______________________
Student's Signature              Date

_________________________
Signature of parent/ legal guardian
(required only if student is under 19)