

**DRUG SCREENING AND CRIMINAL BACKGROUND CHECK  
ACKNOWLEDGEMENT AND AGREEMENT**

**APPALACHIAN STATE UNIVERSITY EDUCATION PROGRAMS REQUIRING  
EXTERNAL HEALTH OR HUMAN SERVICE AGENCIES**

- I understand and acknowledge that Appalachian State University (“University”) has affiliated with several health care and human service facilities (hereinafter “Agencies”) to provide internships, field placements or clinical experience for students (“Students”). I further understand and acknowledge that the Agencies have a compelling interest in the integrity of their services and the health and safety of their patients, others who may come into contact with Students, and the Students themselves.
- I understand and acknowledge that in order to protect their interests, many Agencies require Students to comply with their drug testing and/or criminal background check policies and to undergo drug testing and/or criminal background checks as conditions of participation in their education programs. In addition, such Agencies often require that Students submit to the required drug testing and/or criminal background checks at the Students’ own expense. I understand that the University will provide Students with information to obtain the drug testing and/or criminal background checks required by the Agencies.
- I understand and acknowledge that an Agency may, in accordance with its policies, reject or expel a Student from participation in its operations on the basis of results of the drug testing and/or criminal background checks.
- I am or will be enrolled as a student in the University’s Nursing program, and I plan to participate as a Student in an educational experience at an Agency.
- Because participation in Agency-related educational programs is a degree requirement for students in the Nursing program, I understand that I may be required to undergo a criminal background check and/or drug screening as a condition of my participation in an internship, field placement or clinical experience at an external health or human service agency.
- As a condition of participation as a Student in the education program identified above, I hereby agree to comply with the criminal background check requirements at each Agency to which I am assigned. If the Agency facilitates criminal background checks, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo a criminal background check prior to my placement, I agree to undergo a criminal background check by a University-approved agency at my own expense. I hereby authorize University officials to submit my original results to the Agency, which shall determine whether the results of my criminal background check are acceptable.
- The student is accountable for reporting any charges of a misdemeanor or felonious nature that occurs while enrolled in the BSN Program within 48 hours of occurrence to the Chair of the Department of Nursing. Reporting means that the student directly contacts the Chair and requests an appointment to discuss the charges.
- I hereby agree to comply with the drug screening requirements at each Agency to which I am assigned. If the Agency facilitates drug screening, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo independent/third party drug screening prior to my placement, I agree to undergo drug testing by a University-approved testing laboratory at my own expense. I hereby authorize any testing laboratory performing such services to provide the test results to the University, and I further authorize the University to submit my original results to the Agency. Each Agency shall determine whether the results of my drug screening are acceptable.

I have read both the Criminal Background Check and Drug Screening Policy (“Policy”) and this Acknowledgement and Agreement. I understand their contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate faculty and administrators in the Department of Nursing. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgement and Agreement.

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*Student’s Signature*

\_\_\_\_\_  
*Date*

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*Student’s Printed Name*