

Vernon College Fire/EMS Program

Basic Firefighter/EMT Academy



Academy Start & End Dates: (EMS/FIRE ACADEMY)
August 24/October 12, 2015 ~ January 22, 2016

Application Deadline: Thursday; August 20, 2015

Office hours for application delivery:

FIRE/EMS Office 2304

4105 Maplewood Ave. Wichita Falls 76308

Monday-Thursday

8:00am–5:00pm



TRAINING TODAY FOR TOMORROWS' FIRE SERVICE

4105 Maplewood Avenue ♦ Wichita Falls, TX

76308 Phone (940) 696-8752 ♦♦ Ext 3233

www.vernoncollege.edu

If you have any questions or concerns after reviewing the Application Packet, please contact FIRE/EMS Director Robyn Wike at (940) 696-8752 Ext 3233. The Academy Application Packet must be completed and turned into Ms. Wike for review prior to registration.

APPLICATION GUIDELINES

Information for Your Reference

Dear Fire/EMT Academy Applicant:

Thank you for your interest in the Vernon College Basic Firefighter/EMT Academy. The purpose of the Basic Firefighter/EMT Academy is to serve the needs of the fire departments within Vernon College's service area. This program will help you in preparation for a career in the Fire Service. The Vernon College Basic Firefighter Academy is a licensed course, approved by the Texas Commission on Fire Protection.

Please read the information provided to you in the following pages and follow the instructions carefully when filling out your application. ***Incomplete application packages, or failure to comply with these procedures, may preclude your acceptance into the Academy.*** The Vernon College FIRE/EMS staff would like to thank you again for your interest and look forward to your participation within the program.

FIRE/EMS COURSE INFORMATION

Vernon College Accepting Applications for:

♦♦ Basic Firefighter I/EMT Academy ♦♦

22-week course; Monday-Friday, 0800-1700. Start/End date: Monday; August 24, 2015 – January 22, 2016. Academy Tuition/Fees are due at the time of acceptance/registration into academy. Scholarships are available through the Continuing Education Office for students that qualify.

*****(EMT Tuition/Fees: \$1,461.00) (Basic Firefighter Academy Tuition/Fees: \$2,700.00)*****

COURSE DESCRIPTION

Vernon College Basic Firefighter/EMT Academy is a highly interactive and engaging firefighter/EMT training course that provides flexibility to the students that are not able to attend traditional courses. The Vernon College Fire Academy meets the curriculum requirements of the Texas Commission on Fire Protection (TCFP) for certification as a basic firefighter. This 560-hour course provides manipulative and technical training in basic concepts of fire department organization, ropes, knots and hitches, hose and hose handling, ladder evolutions, wildland fires, fire investigation, fire prevention, salvage operations, fire department apparatus, tools and equipment, breathing apparatus, extinguishers, personal protective equipment, communications, swift water rescue and hazardous materials. Materials are presented in a manner that allows the students to study from their home and complete the online requirements with course work including power point presentations, video clips, practice tests, and online assessment tests. The Vernon College Basic Firefighter Academy is a fast-paced, intense and highly disciplined program based on Essentials of Fire Fighting and Fire Department Operations 6th Edition Textbook published by Brady and validated by the International Fire Service Training Association (IFSTA).

MINIMUM REQUIREMENTS

- Minimum Age of 18 Years/United States Citizen
- Must provide shot records including: Hepatitis B, Tuberculosis (within 1 year), MMR, Td, and Meningitis
- High School Graduate (or equivalent)
- Valid Driver's License (or ID)
- AHA BLS CPR for the Healthcare Provider Certification
- Certified NREMT/TX EMT License with application submission (Those applying for Basic Firefighter Academy ONLY)
- Must not be under indictment for any criminal or civil offense or have a felony conviction (the state of Texas will not certify persons with a criminal history)
- Must not have a DWI, DUID, or reckless driving convictions within the past three years
- Students will need to wear appropriate uniform as outlined during orientation (Shirts may be purchased at The Uniform Shop on 10th and Brook and pants may be available at Wichita Falls Fire Department; solid black tennis shoes or boots)

PHYSICAL TRAINING

Physical Training is an important component of the Academy. All candidates must be in good physical condition before entering the Academy. Candidates will be required to complete a personal history report and statement indicating freedom from physical disabilities which would restrict physical training.

CONDUCT

The Academy is conducted in a paramilitary format. Candidates expected to adhere to strict rules of conduct. Appearance and grooming standards are enforced. All questions regarding Academy rules and regulations are to be answered during official orientation following acceptance into the Academy.

ACCEPTANCE

All applicants will be notified in writing *within two weeks after the application deadline* regarding their standing in the Academy. Successful candidates will be given instructions regarding the next phase of the application process.

DRUG SCREEN

Background checks and drug screening are required on incoming students to ensure the safety of the patients treated by students in the clinical education program. You will be required to order your background check and complete the drug screening in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete, and turnaround time of the drug screening results is determined by a variety of factors. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. The drug screening service is conducted by E-Screen/Pembroke. All your orders must be placed online through StudentCheck.

Drug/Background Applicant Instructions provided as separate attachment (See page 15)

MEDICAL EXAMINATION

Candidates are required to participate in and pass a medical examination prior to consideration into Academy. The medical examination completed at the candidate's expense. Applicants permitted to utilize personal medical provider to perform/validate physical examination. However, applicants **MUST** utilize the Physical Examination form provided with the Application Packet.

APPLICATION INSTRUCTIONS

Please type or use ink only. Fill out the attached application completely and return it to Vernon College FIRE/EMS Office 2304. It is the applicant's responsibility to ensure that all pertaining documents arrive with your application packet. Your placement in the Academy will be determined upon review of your application and supporting documents. All supporting documents **REQUIRED** with application submission and/or prior to consideration/acceptance into Vernon College Basic Firefighter/EMT Academy.

In the event numerous applications submitted for limited spaces available, the following criteria is utilized to determine preference ranking:

- Recruit profile
- Education (official transcripts not required)
- AEMT, Paramedic Licensure (submit a copy of your card)
- Verification of reserve, cadet, volunteer, seasonal firefighter experience (submit on department letterhead)
- Letter of recommendation (applicants are not required to have this documents but strongly advised)
- The most qualified applicants based on work experience and/or education will be admitted.

*****Note: Those Applicants Holding Valid EMT Certification May Be Eligible to Register for Basic Firefighter Academy Portion ONLY*****



COMPLETE APPLICATION CHECKLIST:

- ☐ Basic Firefighter/EMT Academy Application (Attached)
- ☐ “Tell Me About You” (Form Attached)
- ☐ Copy of Valid Driver’s License (or valid ID)
- ☐ Copy of Transcripts (Official Transcripts Not Required)
- ☐ Any Letters of Recommendation (Optional but Recommended)
- ☐ Copy of Relating Certifications and/or CPR, EMT, or Paramedic Certs.
- ☐ Drug/Background & Medical Exam Verified by a Licensed Physician
- ☐ Copy of Complete and Up-To-Date Immunization Records

Application Deadline: (August 20, 2015)

Applications received after posted deadline will NOT be considered

Please Mail or Deliver Application Packet To:

FIRE/EMS Director Robyn Wike
Vernon College FIRE/EMS Training Program
4105 Maplewood Avenue
Wichita Falls, TX 76308

Office hours for hand-delivery:
Monday-Thursday
8:00am-5:00pm
FIRE/EMS Suite 2304
College Closed Friday, Saturday & Sunday

Instructions: Please print in ink or type. Answer all questions accurately and completely. All statements in your application are subject to verification; incorrect or incomplete statements may bar or remove you from enrollment. Resumes will not be accepted in place of a completed application.

1. Personal Data

Name (Last, First Middle)	Area Code ()	Home Telephone Number
Mailing Address (Number & Street)	Area Code ()	Cellular Phone
City, State, Zip	Area Code ()	Work Phone
Date of Birth	Email Address	

2. Education

High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Location of High School
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Schools Attended other than High Schools	Location	Course of Study	Units Earned	Degree or Certificate	Points	Total Points

Please describe additional course work or training (including military), which may assist you in the Fire Service.

Please list special certificates or other competencies which may assist you in the Fire Service.

Licensing Information

EMT 1 Certification: Type: _____ Number: _____ Expiration Date: _____

Driver's License: Type: _____ Number: _____ Expiration Date: _____

3. Physical Conditions or Limitations

Do you have any physical limitations that would prevent you from performing tasks involved in the Firefighter I Academy?
☐ No ☐ Yes If yes, please explain:

4. Conviction Record

Have you ever been convicted of a criminal offense, which resulted in you being imprisoned or placed on probation?
☐ No ☐ Yes If yes, please explain:

5. Work Experience

You should respond completely to the information in this section. LIST YOUR MOST RECENT EMPLOYMENT **FIRST**. Describe different positions held with the same employer in different blocks. List all experience, paid and voluntary. Additional sheets should be attached to this application when necessary to fully describe related experience, training, education. DO NOT ENTER "SEE RESUME".

From: _____ To: _____ Month/Year Month/Year	Title of Position:
Name & Address of Employer:	Duties/Responsibilities:
Name & Title of Your Supervisor:	
Reason for Leaving:	Number Supervised (if applicable):
From: _____ To: _____ Month/Year Month/Year	Title of Position:
Name & Address of Employer:	Duties/Responsibilities:
Name & Title of Your Supervisor:	
Reason for Leaving:	Number Supervised (if applicable):
From: _____ To: _____ Month/Year Month/Year	Title of Position:
Name & Address of Employer:	Duties/Responsibilities:
Name & Title of Your Supervisor:	
Reason for Leaving:	Number Supervised (if applicable):

From: _____ To: _____ Month/Year Month/Year	Title of Position:
Name & Address of Employer:	Duties/Responsibilities:
Name & Title of Your Supervisor:	
Reason for Leaving:	Number Supervised (if applicable):
From: _____ To: _____ Month/Year Month/Year	Title of Position:
Name & Address of Employer:	Duties/Responsibilities:
Name & Title of Your Supervisor:	
Reason for Leaving:	Number Supervised (if applicable):
From: _____ To: _____ Month/Year Month/Year	Title of Position:
Name & Address of Employer:	Duties/Responsibilities:
Name & Title of Your Supervisor:	
Reason for Leaving:	Number Supervised (if applicable):

6. Certification of Applicant

I certify that the foregoing information and answers are true, complete, and correct. I understand that any misrepresentation or omission of facts is cause for rejection of application and removal from the eligibility list for enrollment in the Vernon College Basic Firefighter I Academy. I hereby authorize the Vernon College Fire/EMS Director to investigate all statements contained in this application.

Signature:

Date:

Reminder: Attach ALL necessary documentation to verify education and certifications. You MUST include a copy of a valid Texas Driver's License (or ID).

GETTING TO KNOW YOU

***The following questions will be reviewed by Vernon College FIRE/EMS Director Wike.
Please answer all questions candidly.***

1. Why should you be selected over other qualified candidates for the Basic Firefighter I Academy?

2. What does teamwork mean to you? How does teamwork apply to the Fire Service?

3. Your captain tells you to fetch a tool from the engine. As you walk to the engine, the Battalion Chief orders you to shut off the utilities to the building. How do you handle this situation?

4. What are your greatest strengths? What are your greatest weaknesses? (List top 3 of each in order)

5. Firefighting is a stressful profession. How would you deal with that stress?

6. What do you consider your three biggest accomplishments thus far? (List in order)

7. What does professionalism mean to you? What role does professionalism play in the fire service?



Medical/Physical Exam: Vernon College Fire Academy

Vernon College Basic Fire/EMT Academy require proof of a physical examination by a licensed physician/health care provider prior to consideration as a potential candidate.

Student's Name

Last	M/I	First	Sex	DOB : (DD/MM/YYYY) / /
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Please Complete All Blanks

Legend: N= normal X= abnormal NE = Not Examined				
Weight	Height	Pulse	Respirations	Blood Pressure S _____ D _____

General Body Build		Skin	Abnormal Masses	Eyes	Ears	Nose	Throat
Teeth	Neck	Lungs	Cardiac	Chest	Liver	Spleen	Spine

Joint Function

Neck	Shoulders	Elbows	Wrists	Hands	Hips/Back	Knees	Ankles	Feet
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Please Describe Abnormal Findings

Medical History (Please check all that apply)

Diseases:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypoglycemic |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Influenza | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Infantile Paralysis |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Mumps | | |

☐Other (Please describe)

Surgery: ☐ Shoulder ☐ Arm ☐ Back ☐ Knee ☐ Ankle

☐ Other (*Please describe*)

List Current Medications

- 1.
- 2.
- 3.
- 4.

Allergies (Meds / Food)

- 1.
- 2.
- 3.
- 4.

****Tests**

PPD Test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Date Read	Initials	TB Chest X-ray <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Date Read	Initials
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Note: Attach proof of results, which must be no more than 1 year old. **If results are positive, a chest x-ray is required.**

Immunizations (*Physical documentation required prior to applicant consideration*)

**Tetanus	Diphtheria	Hep A	**Hep B (series)	**Meningitis
Tdap	Flu	Chicken Pox	Polio	**MMR

****Note:** Applications submitted **without** required immunization documentation are considered **INCOMPLETE** and candidate will **NOT** be considered! **Tuberculosis (PPD) MUST be current with in a 12-month period**

Note To Physician/Health Care Provider:

While not an exclusive list, the following examples are meant to illustrate some of the extreme physical demands and working conditions inherent in firefighter training.

Physical Demands:

Characterized by strength, endurance, coordination, agility, dexterity

- Pick up and advance charged fire hoses
- Force entry with axe/battering ram
- Climb stairs with equipment weighing approximately 50 lbs.
- Vent roofs, breach walls, overhaul burned buildings with power/hand tools
- Lift and climb/descend ladders (with victims up to 200 lbs.)
- Operate power tools and extrication equipment
- Stoop, crawl, crouch, and kneel in confined spaces
- Reach, twist, balance, grapple, bend and lift under emergency conditions
- Run, dodge, jump and maneuver with equipment
- All of the above are performed wearing protective clothing/gear, approximately 65 lbs.

Working Conditions:

Characterized by adverse working conditions

- Work in extreme temperatures; day and night; in rain, snow and ice
- Exposure to smoke, gases, dust and poor ventilation
- Work in closely confined spaces
- Intense exposure to water and/or steam
- Exposure to a wide range of highly emotional and traumatic events.
- Exposure to noise and vibration from tools, equipment, machinery, etc.
- Work at height (e.g., on ladders, roof tops, etc)
- Work within restrictions of personal protective clothing, approximately 65 lbs., or hazardous materials encapsulated protective clothing

I certify that I have examined this individual and he/she is physically able to enter Fire Academy/EMS training activities.

☐ YES ☐ NO (If no, please explain below)

<u>Date of Examination:</u>	<u>Printed/Typed Name of Physician:</u>
<u>Physicians Address:</u>	<u>Signature of Physician:</u>

Vernon College FIRE/EMS Program
Basic Firefighter/EMT Academy Hold Harmless Agreement

I _____ wish to attend the Vernon College Basic Firefighter Academy. I understand that the training consists of physical conditioning activities and hands on "skills testing," as it relates to the fire service.

The skills related to firefighting activities will include **heavy lifting, climbing and other arduous activities while on the ground, on ladders, in stairways, on roofs and other elevated locations.** I understand that I will also have to **perform in confined spaces and in areas of limited or zero visibility.** I understand that I will be required to wear fire- fighting protective clothing including coat, pants, boots, helmet and a 35-pound self-contained breathing apparatus. I understand that I will also **engage in actual firefighting, in extreme IDLH (Immediately Dangerous to Life and Health) environments.**

I understand the inherent dangers of fire service activities and the training involved in the Basic Firefighter Academy. I understand that while not obligated by Vernon College, personal medical insurance is strongly recommended to cover any injuries that may occur as a result of my participation in the Basic Firefighter Academy. I agree not to hold Vernon College, Wichita Falls Fire Department, City of Wichita Falls, or its Staff liable for any injuries that may occur during the course of instruction. I am exercising my own free choice to participate voluntarily in the (Basic Firefighter Training Academy), and I promise to take due care during such participation. I have been informed of the nature of these activities, and I am aware of the hazards and risks that may be associated with my participation in these activities, including the risks of bodily injury, death or damage to property from known or unknown causes.

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE VERNON COLLEGE, WICHITA FALLS FIRE DEPARTMENT, CITY OF WICHITA FALLS, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR VOLUNTEERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES." I FURTHER AGREE, THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ARBITRATION EXPENSES, MEDICAL EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST WHICH MAY BE INCURRED AS THE RESULT OF SUCH CLAIM. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

In signing below I hereby assert that:

- I have read and understand the content of this document
- I understand that Vernon College strongly recommends personal medical insurance coverage for ALL applicants participating in the FIRE/EMS Programs.
- I am personally liable for injuries that I may suffer as a result of participation in the Vernon College FIRE/EMS Program.

Student Signature

Date

Witness

Date

Wichita Falls Fire Department Release of Liability Agreement

By participating in any training program (regardless of the sponsorship of such program), that involves the use of any of the facilities of the Wichita Falls Training Center (herein, "Facilities"), the undersigned participant expressly agrees the Wichita Falls Fire Department, City of Wichita Falls, shall not be liable for any damages arising from personal injuries sustained by the party in, on or about the premises of the Facilities or as a result of using the Facilities and/or the equipment thereon.

By the execution of this Agreement, the undersigned participant acknowledges and assumes full risk and responsibility for any personal injuries, damages, or losses which may occur to such participant on or about the premises of the Facilities, regardless of participation in any program, and does hereby fully release and discharge the Wichita Falls Fire Department, City of Wichita Falls (including its officers, employees and agents) from any and all claims, demands, rights of action or causes of action, present or future, known or unknown, resulting from arising out of the undersigned's use of the Facilities or the equipment thereon.

The undersigned further acknowledges and agrees that the Wichita Falls Fire Department, City of Wichita Falls (including its officers, employees, and agents) shall not be liable for any damage, loss or theft of any party's personal property occurring while the undersigned is present at the Facilities.

The undersigned also acknowledges and agrees that the Wichita Falls Fire Department, City of Wichita Falls, acting by and through its Training Center employees, reserves the right to call emergency medical aid for an injured party and said party accepts responsibility for any financial obligations arising from such emergency medical aid or transportation to a medical facility, through health insurance or otherwise.

Party agrees to keep and obey all rules and regulations of the Wichita Falls Public Safety Training Center for the use of facilities and the equipment and facilities therein.

This Agreement shall be interpreted in accordance with the statutes of the state of Texas, and if any particular provision in this contract shall be deemed invalid, the same shall not affect the balance of this contract and the remaining provisions thereof.

This release and agreement shall be binding upon me, any of my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said Fire Department and City of Wichita Falls, officers, and members herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Dated this: _____ day of _____, 20_____

Printed Name: _____

Address: _____

City, State, Zip: _____

Signature: _____



Look beyond grade point averages.

INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK and DRUG SCREENING FOR A CLINICAL EDUCATION PROGRAM

Vernon College FIRE/EMS-BG and Drug Screen

Background checks and drug screening are required on incoming students to ensure the safety of the patients treated by students in the clinical education program. You will be required to order your background check and complete the drug screening in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete, and turnaround time of the drug screening results is determined by a variety of factors. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. The drug screening service is conducted by E-Screen/Pembroke. All your orders must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as **Vernon College-EMS-BG and Drug Screen**.

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. **Texas** residents will pay **\$91.47** and **New Mexico** residents will pay **\$90.94**. Residents in **all other states** will pay **\$84.50**. For your records, you will be provided a receipt and confirmation page of background check and drug screening through PreCheck, Inc.

Drug Screening:

You must pre-register for drug screen collections before heading to a collection lab.

- If you pay by credit card, the link to the instructions for pre-registration will be provided at the confirmation page after you complete your order.
- If you are paying by money order, you will be emailed instructions to obtain your drug screen once payment has been received.

Note on Drug Screen Collection Pre-Registration and Appointments: This process only pre-registers you for a drug screen and does not set up an appointment time with the collection site. Collection sites have different policies on setting up appointments for drug screening. For your convenience, we recommend calling your chosen collection site ahead of time to set up an appointment. It is also your responsibility to pre-register and complete the drug screen at the time frame required by the school. For most students, the Electronic Chain of Custody (ECOC) process will register them to a collection site instantly; however the location of some students may require us to mail a paper Chain of Custody Form to get you to a collection site close to your location. We encourage you to pre-register with enough time to allow mailing time, if needed.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com, with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- How long does the drug screening take to complete? Screening can be impacted by a variety of factors.
- Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on "Check Status", and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged \$14.95 for a copy of your report, and will need to contact PreCheck directly to request this.
- Do I get a copy of the drug screening? Your school or clinical site may have a designated administrator who receives results via fax or through e-results, however if they direct you to contact PreCheck please email your name, request, and the last 4 digits of your SSN to studentcheck@precheck.com. We will advise you of whether we house the results.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.