



**Wichita State University
College of Education**

**Student Acknowledgement and Authorization
Regarding Clinical Experience**

I am informed and understand that Wichita State University is being required by prospective clinical sites and medical care facilities (hereafter “clinical facilities”) to seek personal information regarding university students who wish to do their clinical experience at said clinical facility and make certain judgments based on said information. In consideration of my opportunity to complete my clinical experience in the Master of Science in Athletic Training (MSAT) at Wichita State University, I understand, accept and agree to abide by the following:

1. I understand that I may be required to consent to a background check which may include, but is not limited to, an investigation regarding whether I am on any federal list of excluded individuals, whether I am registered as a sex offender, and whether my criminal history raised reasonable questions about my ability to engage in safe and competent practice.
2. I understand I may be required to obtain and pay for all background checks and criminal history investigations that may be required as a condition to my participation in clinical, internship, or other practicum training at said clinical facility. I understand that I will be required to have such information forwarded directly to the Department of Human Performance Studies at Wichita State University and/or that once I have obtained the information required by a particular clinical facility, I will be asked to provide this information to the clinical facility or to the University.
3. In the event that information regarding my background check and/or criminal history investigation is provided to Wichita State University, I understand that officials of Wichita State University may review such material to determine whether any information discovered during any background check or criminal history investigation renders it reasonably questionable whether I will be able to engage in safe and competent practice at the clinical facility.
4. I understand that Wichita State University, in its sole discretion, may make this determination, and in the event that it determines my ability to provide safe and competent practice may reasonable be questioned, I will not be allowed to participate in the practicum and this may ultimately result in my inability to continue my matriculation in the above-noted academic program.
5. I understand and hereby give my consent for Wichita State University to release information relating to my criminal history or any investigation thereof and to discuss and/or disclose the results of any background check or criminal history investigation to or with the clinical facility as deemed necessary or appropriate by either Wichita State University or as required by the clinical facility.
6. I understand I will be given an opportunity to explain and comment to the Chair of the Department of Human Performance Studies at Wichita State University on the results of any background check attained pursuant to this acknowledgement and authorization; provided, however, that I understand it may be Wichita State University’s responsibility, as mandated by the clinical facility, to make a determination as to whether or not my criminal history or other status as revealed by a background check or criminal history investigation raises reasonable questions about my ability to engage in safe and competent practice.
7. I acknowledge I have received a copy and read the summary of the protections provided by the Fair Credit Reporting Act before completing the background application.

By signing herein, I acknowledge that I have read, understand and agree to abide by the statements above.

Student Printed Name

Student Signature

Date