

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

**UNC CHARLOTTE COLLEGE OF HEALTH AND HUMAN SERVICES
EDUCATION PROGRAMS REQUIRING EXTERNAL HEALTH OR HUMAN SERVICE AGENCIES**

Student's Printed Name

CHHS Program

1. I understand and acknowledge that the UNC Charlotte College of Health and Human Services (CHHS) has affiliated with several health care and human services facilities (hereinafter "Agencies") to provide internships, field placements or clinical experiences for students in the CHHS (hereinafter "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.
2. 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 participating 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 CHHS will provide Students with information to obtain the drug testing and/or criminal background checks required by the Agencies.
3. I understand and acknowledge that a Agency may, in accordance with its policies, reject or expel a Student from its Agency based on the results of the drug testing and/or criminal background checks.
4. I am or will be enrolled as a student in the CHHS, and I plan to participate as a Student in a educational experience at an Agency .
5. Because participation in agency-related educational programs is a degree requirement for students in the CHHS program indicated above, 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 and human service agency.
6. As a condition of participating as a Student in an education program, 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 CHHS-approved agency at my own expense. I will then submit my original results to the Agency, which shall determine whether the results of my criminal background check are acceptable.
7. I hereby agree to comply with the drug screening test 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 requires that I undergo drug screening prior to my placement, I agree to undergo drug testing by a CHHS approved testing laboratory at my own expense. I will then submit my original results to the, which shall determine whether the results of my drug screening are acceptable.
8. I have read both the CHHS Criminal Background Check and Drug Screening Policy and this Acknowledgement and Agreement, and I understand its contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate administrators in the College of Health and Human Services. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgment and Agreement.

Student's Signature

Date