

**STUDENT BACKGROUND & MEDICAL DISCLOSURE FOR STUDENTS ENROLLING IN ATI COLLEGE -
MEDICAL/ALLIED HEALTH PROGRAMS**

Name: _____ Admissions Representative: _____

Start Date: _____ Program Title: _____

STUDENT BACKGROUND

Most companies that hire our externs and graduates conduct detailed background checks before hiring applicants. The questions below are common part of these background checks. This information will not be used in making admissions decisions, to retract admissions offers or any other means that may affect your enrollment or education at ATI College. This form is used by the College to advise prospective students about their prospect extern-sites and/or for employment upon completion of study, in light of this background check which may be conducted by some employers seeking to hire ATI students/graduates. The final decision about whether to enroll is up to applicants. We expect honest answers from all applicants at all times. Providing inaccurate or incomplete information on this form may result in cancellation of student enrollment.

1. Have you had any driving violations in the past five years? Yes No (If answered Yes, please proceed; if No, skip to question 2 then proceed)

What kind of violation(s) have you had?

Speeding - how many? Date of last infraction:

DUI/DWAI - how many? Date of last infraction:

Driver's License Suspension Date of reinstatement:

(You must satisfy outstanding citations prior to starting school. Outstanding citations from any states can cause you to have a pending bench warrant that can lead to revoke of driver's license. Driver's license may be required to obtain employment)

2. Have you ever been convicted of a crime? Yes No (If yes, please proceeds; if No, please skip to Question #7)

3. If Yes, did your conviction occur within the last ten years? Yes No

4. Have you ever served probation? Yes No

Dates served: _____ misdemeanor felony for crime convicted on date:

5. Have you ever been convicted of a sex offense? Yes No

6. Have you served a term of incarceration? Yes No

Dates served: _____ Description of sentence: _____

MILITARY

7. Were you discharged from the U.S. military under any condition other than Honorable? Yes No

If Yes, state type of discharge: _____

MEDICAL

8. Do you have hepatitis? Yes No

9. Have you been tested positive for hepatitis? Yes No

10. Have you been tested positive for tuberculosis? Yes No

11. Have you been test positive for HIV? Yes No

12. Do you have permanent physical disability(ies) which may prevent you from gaining a full-time work? Yes No

If Yes, please briefly explain condition of disability(ies): _____

DISCLAIMER OF EMPLOYMENT GUARANTEE

While the school offers Placement Assistance, the school cannot, in anyway, guarantee employment after the student has successfully completed the program of study.

You are required to read then initial the following statement:

I understand that depending upon my background and medical information as provided above, ATI College is limited in its ability to assist me with externship and/or employment during and after completion of my study. Applicants who have been convicted of a felony, violent and/or drug related crime and adverse medical history are strongly discouraged from enrolling in programs offered by ATI College medical/allied health department (programs including but not limited followings: ultrasound technology, medical assisting/billing, echocardiography). _____ (Student initial)

I have read and understood the contents of *Student Background & Medical Disclosure for Students Enrolling in the ATI Medical/Allied Health Programs*.

Print Name: _____ Signature: _____ Date: _____