



**WISCONSIN INDIANHEAD TECHNICAL COLLEGE**  
**10-520-3 Human Services Associate (HSA)**  
**Background Check Disclosure**

Wisconsin Indianhead Technical College students accepted into this program are required to have Caregiver Background and/or Criminal History checks at the state and/or national levels. These checks are run after the student has been admitted into their program and before the start of specific coursework or entering clinical agencies. Results from these checks for students admitted to these programs may:

- Prevent enrollment, participation, and/or admission in coursework required for graduation
- Affect ability to secure employment in the field of study upon graduation

Fees will be charged to run these background checks and are the student's responsibility. Costs found on WITC's website at: [www.witc.edu/finance/tuition.htm](http://www.witc.edu/finance/tuition.htm)

Wisconsin Caregiver Program offenses affecting caregiver eligibility for Chapter 50 programs [Wisconsin DHS Caregiver Program Offenses.pdf](#).

**Human Services Associate (HSA)** - Caregiver background checks are run prior to the agency observation portion of the Introduction to Human Services course and prior to the Field Experience 1 and Field Experience 2 agency placements, in accordance with HSA program requirements. Caregiver background check findings for each student will be reviewed and pre-approved by participating agencies.

## Background Check Signature Statement

Wisconsin Indianhead Technical College students accepted into this program are required to have Caregiver Background and/or Criminal History checks at the state and/or national levels. By signing below, I am confirming that I have read and understand the bulleted information below and the information contained in this Background Check Disclosure.

- That state and national background checks will be run before and/or after acceptance into the program and that I am responsible for the fees.
- If there are findings on my background check, it could prevent my participation in coursework required for graduation and/or affect my ability to secure employment in my field of study upon graduation.
- If there are no clinical agencies that will accept me based on my background check findings, I will be not eligible to be in or complete your program.
- My background check findings will be communicated to me by a WITC staff person.

Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_