Dear Health Care Management Student:

All Indian River State College (IRSC) Health Science students in clinical agencies, practicum and/or capstone coursework must meet designated health care agency requirements in order to participate in the program of study. As a component of the Bachelor of Science degree in Health Care Management Program, each student must complete a drug screening test, fingerprinting for a state and federal background search, physical exam complete with immunizations, and proof of current health insurance coverage.

Please review and submit the attached paperwork with payment to the Health Science Division office prior to the first day of class. Information on the drug and background checks, the IRSC physical exam form and directions on how to complete the form can be found on college webpage. http://www.irsc.edu/programs/healthscience/healthscience.aspx?id=1816. Be advised that it will take at least one week to complete health exams, drug screening and background search. All students must complete this process prior to the end of the first week of classes to be eligible for placement in specific course experiences.

If you have completed these items and submitted them to IRSC in the last 6 months, please contact our Health Science office and we will determine your status to avoid repeating the process unnecessarily.

If you need additional information or have any questions, please do not hesitate to contact me by phone at (772) 462-7550 or email at vshane@irsc.edu.

Regards,

Valeri Shane
Health Science Admissions Clerk
Please initial each item below:

____ Yes, I understand that the IRSC Health Care Management Program students must meet agency requirements for health, drug and background screening. To cover the costs related to a drug screening test and a background investigation report including Fingerprinting/Criminal Background Inquiry, I have enclosed a non-refundable check or money order (no cash please) for the amount of $100.00, payable to Indian River State College.

In addition, I understand that:

_____ participation in the clinical agency component is contingent upon the submission of proof of current health insurance, the satisfactory results from physical exam, drug screen test and background check.

_____ the results of my screenings may be audited by and/or shared with health care agencies that are IRSC affiliates.

_____ I may be assigned to clinical agencies which require that I submit my personal identification number and/or other personal information,

_____ my background check information may also be shared with IRSC administrative and or security personnel

_____results become the property of the college and will not be available for personal use or to meet the requirements of outside employers.

_____ if I am out of the IRSC Health Science program for six months or more I must submit new records.

I agree to submit the required documentation and screenings and to the release of this information as noted above.

Name: ____________________________________________________________
(Print Name) (Signature)

Address: ____________________________________________________________
(Street & #) (City) (State) (Zip)

Student ID: ___________________________ Date: ____________________

Please return this form and your check made out to Indian River State College to:

Indian River State College
Health Science Office, H-308
3209 Virginia Avenue
Fort Pierce, FL 34981-5596