

CRIMINAL BACKGROUND CHECK WITH FINGERPRINTING

CBC w/ FINGERPRINTING INSTRUCTIONS

1. To schedule an appointment for processing your background check, click **HERE**.
2. Please print, fully complete the Fingerprint Information Form (included below), and bring it with you at your scheduled time.
3. Following data entry, the \$65 CBC Payment will need to be made at a MGCCC Business Office. The fee will need to be paid in the business office at the campus/center where the criminal background check will be performed. Please check the business office's operating hours ahead of time.
4. Bring the CBC Payment Receipt with you on the scheduled test day. **CBC fingerprints will not be made without the proper payment receipt and a government issued picture I.D.**
5. To obtain your CBC Result (clear results only), you will need to return to the Bryant Center at Tradition with your government issued picture I.D. Pick-up is available only on days and during hours when the college is open.

MISSISSIPPI GULF COAST COMMUNITY COLLEGE
School of Nursing and Health Professions
Criminal Background Check Procedure

Healthcare programs, credit and non-credit, under the School of Nursing and Health Professions (SON&HPs) are required to meet clinical facility and state requirements for the criminal background check (CBC) and fingerprinting which includes having a “clear” or “acceptable/approved” result.

Once the criminal background check and fingerprinting scanning has been completed by MGCCC Campus Police, the scanned fingerprints will automatically transmit to the MS Criminal Information Center (Department of Public Safety) and to the FBI for a national criminal history record check. Thereafter, a MGCCC staff or administrator will review each applicant’s information via a secure login and password provided by the Licensure/Criminal History Record Check Unit of the Mississippi State Department of Health Office. Following final processing, communication will include one of the following results: (1) clear, (2) processing, (3) need information, or (4) facility notified (Disqualified Event)/Rap Sheet report required.

To obtain the CBC result from the Bryant Center (clear result only), the applicant will need to return to the Bryant Center at Tradition (with government issued photo ID). *Pick-up is available only on days and during hours when the college is open.*

During the days/times listed for pickup, a MGCCC staff will allocate office time to print and distribute “clear” letters. A letter or result that’s considered as having a “disqualified event,” (also referred to as a “Rap Sheet,”) is mailed directly to the applicant’s mailing address by the Mississippi State Department of Health. For program consideration and acceptance, the original “Rap Sheet” must be delivered by the applicant to the designated nursing or health professions program coordinator. Within seven (7) college working days following the healthcare program’s application deadline (i.e., April 1, May 15th, July 1, or November 1 – see website for the specific deadline for the program of interest), the School of Nursing and Health Professions CBC Clearance Committee will review the details of all disqualifying event letters and rap sheets, along with all other substantial

documentation requested or submitted by the applicant, and make a final committee decision on program acceptance. All decisions will be based upon “an identifiable violation(s) on the history described as pursuant to *MS Code 43-11-13* that would prevent clinical attendance and/or licensure.” Each applicant will be notified of the committee’s decision by the program’s coordinator or department chair.

If an applicant has one (1) or more identifiable violations on the history described as pursuant to MS Code 43-11-13 that would prevent clinical attendance and/or licensure, if applicable, the decision will be made by the Clearance Committee to not allow initial or continued admission or enrollment into a Nursing or Health professions program at Mississippi Gulf Coast Community College. However, upon the completion of a legal expungement, the committee may revisit the decision.

Additional Information:

- ☐ Information will be kept confidential and only shared with Program Administrators and clinical affiliates as needed.
- ☐ The CBC/Fingerprinting letter contains an expiration date. In order to remain in the program, students enrolled in a MGCCC healthcare program, up to the date of expiration, are required to complete the entire process and receive committee clearance, if applicable.
- ☐ All Criminal Background Checks needed for admission into a healthcare program at MGCCC must be obtained from a MGCCC Campus Police office
- ☐ Please see the MGCCC College Directory for Campus Police contact information
<https://www.mgccc.edu/police/>
- ☐ School of Nursing and Health Professions contact information:
 - Health Professions Chairperson: District Office – Office Phone: 228-497-7769
 - Nursing Year I Chairperson: Bryant Center – Office Phone: 228-267-8642
 - Nursing Year II Chairperson: Bryant Center – Office Phone: 228-267-8688
 - Continuing Education Coordinator: District Office - Office Phone: 228-267-8676

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability in its programs and activities. For further information, contact the Compliance Officer, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-528-8735, email address compliance@mgccc.edu.

Fingerprint Information Form
Complete all Information Requested
Please Print Legibly

Last Name: _____

First Name: _____

Middle Name: _____

Suffix (Jr, Sr, etc.): _____

Sex: _____ **Race:** _____

Eye Color: _____ **Hair Color:** _____

Height: _____ **Weight:** _____

Date of Birth: _____

Social Security Number: _____

Place of Birth: _____

Street Address: _____

City: _____

State: _____ **Zip Code:** _____

I am confirming that all information provided is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

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