

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any of the application may result in cancellation of admission.

Electronic Signature of Applicant

Date

COMPLETION OF THIS FORM DOES NOT CONSTITUTE ADMISSION TO THE PROGRAM. STUDENTS WILL BE NOTIFIED BY LETTER IF THEY ARE ACCEPTED OR DENIED ACCEPTANCE INTO THE PROGRAM.

Cuyahoga Community College is committed to continuing affirmative action and equal opportunities of access to employment and education and thus does not discriminate against current or potential employees or students on the basis of race, color, religion, sexual orientation, national origin or ancestry, age, disability, sex, military status, or status as a veteran. It is also the intent of the College to comply with appropriate federal and state laws, rules and regulations and to give special attention to increasing the participation of minorities, women, persons with a disability(s), and disabled veterans in all levels of the College. It is also the intent of the College to ensure that its environment is free from harassment or intimidation of any kind.

Continue to next page

Written Notice

“Ohio Revised Code 4731-1-15(D)”

Regarding Arrests, Charges, or Convictions of Criminal Offenses

All applicants to the Massage Therapy Program at Cuyahoga Community College must carefully read the following information. Applicants will sign at the bottom of the page attesting to the fact that they received and understand the information below:

1. Arrests, charges or convictions of criminal offenses may be cause to deny or limit licensure or employment opportunities in specific careers and occupations such as massage therapy and may limit the student’s ability to obtain federal, state, and other financial aid. Students are encouraged to investigate these possibilities before applying to the Massage Therapy Program. In addition to the criminal background check required before acceptance to the program, the State Medical Board of Ohio requires that all applicants for massage licensure must submit BCII and FBI fingerprints and a criminal background check as part of the massage licensure application process. Please see Rule 4731-4-02(D) of the Ohio Administrative Code **(on the next page)** for factors the medical board may consider when reviewing the results of a criminal record check, **and the list of disqualifying offenses:** <https://www.med.ohio.gov/The-Board/Disqualifying-Criminal-Convictions>
2. Additionally, all students enrolled in health career programs which includes the Massage Therapy Program, must complete a background check that includes finger printing and court search (BCI). The background check must be completed prior to acceptance to the Massage Therapy Program. In some instances a citation may preclude a student from being accepted into a health career program which includes the Massage Therapy Program.

I have read, understand & acknowledge the Notice above.

Electronic Signature

Date

4731-4-02 Criminal records checks.

(A) An applicant for an initial certificate to practice or for a restored certificate to practice pursuant to Chapter 4731., 4760, or 4762. of the Revised Code, shall submit fingerprints, required forms, and required fees to BCI&I for completion of BCI&I and FBI criminal records checks.

(1) An applicant who is present in Ohio shall use the services of an entity that has been designated by the Ohio attorney general to participate in the "National WebCheck" program, pay any processing fee charged by the entity, and cause the entity to submit both of the following to BCI&I, with the "State Medical Board of Ohio" designated to receive the results:

- (a) The applicant's electronic fingerprints; and
- (b) The applicant's payment of fees for the BCI&I and FBI criminal records checks.

(2) An applicant who resides in a state or jurisdiction other than Ohio shall either appear in Ohio in order to comply with the requirements of paragraph (A)(1) of this rule or request that the board send the forms required for the criminal records checks to the applicant's address.

When an applicant requests that the required forms be mailed by the board, upon receipt of the forms the applicant shall have a local law enforcement agency process the forms. The applicant shall pay any processing fees charged by the local law enforcement agency and cause the local law enforcement agency to submit to BCI&I all of the following, with the "State Medical Board of Ohio" designated to receive the results:

- (a) A fingerprint card bearing prints of the applicant's ten fingers;
- (b) The applicant's completed request for exemption from the electronic fingerprint submission requirement; and
- (c) The applicant's payment of fees for the BCI&I and FBI criminal records checks.

(3) The applicant who submits the criminal records checks request via the fingerprint card bearing prints of the applicant's ten fingers, pursuant to paragraph (A)(2) of this rule, shall also ensure that any other forms required by the board are completed and submitted to the board.

(B) The board shall maintain the criminal records check reports in a manner that ensures the confidentiality of the results, prevents disclosure pursuant to a public records request, and complies with applicable state and federal requirements.

(C) The board shall not accept the results of a criminal records check submitted by an entity other than BCI&I.

(D) In reviewing the results of criminal records checks to determine whether the applicant should be granted an initial or restored certificate to practice, the board may consider all of the following:

- (1) The nature and seriousness of the crime;
- (2) The extent of the applicant's past criminal activity;
- (3) The age of the applicant when the crime was committed;
- (4) The amount of time that has elapsed since the applicant's last criminal activity;
- (5) The conduct and work activity of the applicant before and after the criminal activity;
- (6) Whether the applicant has completed the terms of any probation or deferred adjudication;
- (7) Evidence of the applicant's rehabilitation;
- (8) Whether the applicant fully disclosed the arrest or conviction to the board; and
- (9) Any other factors the board considers relevant.

Effective: 09/30/2008 R.C. [119.032](#) review dates: 09/30/2013 Promulgated Under: [119.03](#) Statutory Authority: 4776.03

Rule Amplifies: 4731.081, 4731.5, 4731.171, 4731.222, 4731.281, 4731.296, 4731.531, 4760.032, 4760.06, 4760.19, 4762.031, 4762.06, 4762.19, 4776.02, 4776.03, 4776.04

**CUYAHOGA COMMUNITY COLLEGE
HEALTH CAREERS AND SCIENCES
PROVISIONAL/CONDITIONAL ACCEPTANCE ACKNOWLEDGMENT**

Background Check

Effective October, 2012, all students applying to any health career/selective admission programs must complete a background check (BCI). The BCI must be completed, reviewed and cleared prior to full acceptance into the program. Some programs allow for conditional/provisional acceptance, pending the results of the BCI. Students with conditional/provisional acceptance will not be allowed to practice their program skills on patients or other students or perform at clinical facilities until the BCI process is complete. *Conditional/provisional acceptance is defined as allowing a student admission into a program pending the results of their criminal background check.*

Acknowledgment

I understand and acknowledge that I have been granted conditional/provisional acceptance. I further understand and acknowledge that I will not be allowed to practice my program skills on patients or other students or perform at clinical facilities until the BCI process is complete and I have been cleared according to the stipulations and processes set forth by Cuyahoga Community College Healthcare Education Initiatives. If my BCI is not cleared, I understand and acknowledge that I must immediately withdraw from the program and associated courses, and that I will be responsible for any costs incurred until the withdrawal process is complete.

Student S Number

Electronic Signature

Date

Effective 12.03.2012

Healthcare Education Initiatives

Form No. HEI 6

K:\Academic & Student Affairs (ASA)\Medical Education Programs\Standardized Student Documents

**CUYAHOGA COMMUNITY COLLEGE
MASSAGE THERAPY
PROVISIONAL/CONDITIONAL ACCEPTANCE ACKNOWLEDGMENT**

Health Form

All students applying to the Massage Therapy Program must complete a health form. The health form must be completed, reviewed and cleared prior to final acceptance into the program. The Massage Therapy Program allows for provisional acceptance, pending the completion of the health form. Students with provisional acceptance will not be allowed to practice their program skills on patients or other students or perform at clinical facilities until the health form is completed. *Provisional acceptance is defined as allowing a student admission into a program pending the completion of their health form.*

Acknowledgment

I understand and acknowledge that I have been granted provisional acceptance. I further understand and acknowledge that I will not be allowed to practice my program skills on patients or other students or perform at clinical facilities until the health form complete. If my health form is not completed and accepted by the deadline set forth by the program, I understand and acknowledge that I must immediately withdraw from the program and associated courses, and that I will be responsible for any costs incurred until the withdrawal process is complete.

Student S Number

Electronic Signature

Date