



DEPARTMENT OF FAMILY THERAPY

**GENERAL BACKGROUND SCREENING PACKET**

Background checks are a requirement that all students must complete during the **first week of the first semester** in the CAHSS Marriage and Family Therapy program. Based on insurance requirements, all students must complete and pass the background screening, regardless of whether they are enrolled in a practicum. Electronic fingerprinting must be completed as soon as the term begins.

**PLEASE NOTE:** NSU Employment, NSU Student Practicum Placement, and NSU Internship Placement are contingent upon the findings of screening. All forms in this packet must be completed in blue or black ink and submitted to the Family Therapy Internship Coordinator along with a legible copy of your Shark Photo ID Card.

- **VECHS Waiver Agreement and Statement**
  - Please read form entirely before completing.
- **Criminal Convictions Screening Form**
  - Please read form entirely before completing and signing.
- **AFFIDAVIT OF GOOD MORAL CHARACTER**
  - Please read form entirely before completing and signing. *(Must be signed In front of a Notary and notarized)*

Please note that your employment and/or practicum placement is contingent upon successful completion of a criminal conviction screening. **This screening must be done within the first week of the first school term with NSU/DFT.** Completed forms should be returned to Internship Coordinator Room 1040B in the Maltz Bldg. **A money order for \$28.75 must accompany the package.** Once approved, the student will receive a single document (the Live Scan/Electronic Submission Form) to take to NSU Public Safety for actual fingerprinting.



**LIVE SCAN/ELECTRONIC SUBMISSION FORM**

Please read the form in its entirety before completing and signing. **The fee for this service is \$28.75 and must be paid (by Money Order only) in the**

**Internship Coordinator's office.** Make money orders payable to Nova Southeastern University Family Therapy. The Family Therapy Internship Coordinator (Maltz Room 1040B), will collect this fee and give approval to proceed to Public Safety for the fingerprint scanning along with the Live Scan Form.

Student must complete the Live Scan/Electronic Submission Form (READ CAREFULLY BEFORE SIGNING), and then call **954-262-8985** to make an appointment. Take the form to Public Safety/Employee Services, Room 2041 for fingerprinting.

**Once cleared, your screening is good for five years.**

Note: Many externship sites require their own background screening, so it will be necessary to follow their directions for their screening.

Any questions regarding this packet or background screening for Broward Schools should be directed to the Family Therapy Internship Coordinator at 954.262.3072.



NOVA SOUTHEASTERN  
UNIVERSITY

Office of Human Resources

## CRIMINAL CONVICTION SCREENING PACKET

**ALL FORMS IN THIS PACKET MUST BE COMPLETED IN BLACK/BLUE INK**

### *SUBMIT TO PUBLIC SAFETY*

**LIVE SCAN FORM**

### *SUBMIT TO HR CONTACT*

**AFFIDAVIT OF GOOD MORAL CHARACTER (TO BE SIGNED IN FRONT OF NOTARY)**

**CRIMINAL CONVICTION SCREENING FORM**

**VECHS WAIVER AGREEMENT AND STATEMENT**

### **IMPORTANT**

**Applicants:** Please note that your employment is contingent upon successful completion of a criminal conviction screening. All completed forms must be returned to HR Contact. Any packet **not** properly completed will be returned to you for completion and may delay your start date

**HR Contacts:** Please remember that applicants may **not** begin working until they have successfully passed the criminal conviction screening.

**TRISH TURNER**, Practicum/Internship Coordinator

College of Arts, Humanities, and Social Sciences (CAHSS) \* Department of Family Therapy  
Nova Southeastern University \* 3301 College Avenue |Maltz Bldg| 1040b  
Fort Lauderdale, FL 33314-7796 \* Tel 954-262-3072



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn quick child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children
- Section 827.071 sexual performance by a child
- Section 843.01 resisting arrest with violence

**CONTINUED ON NEXT PAGE**

Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

**CONTINUED ON NEXT PAGE**

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_

**CRIMINAL CONVICTION SCREENING FORM**  
**IMPORTANT – READ BEFORE COMPLETING THIS FORM**  
Internship Coordinator

Nova Southeastern University will receive information on all records, including juvenile, that have been sealed, expunged, or where adjudication was withheld. **To omit a response or to be untruthful in your response, regardless of any previous information received from an attorney, a judge, or any third party will be considered falsification and is a cause for dismissal from employment or consideration for employment**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Dept. Requesting Screening Family Therapy (Pos# Student Intern)

At the time of employment your fingerprints will be researched by local, state and federal law enforcement agencies. Sealed or expunged records must be revealed to Nova Southeastern University pursuant to F.S. 943.058. Your employment with Nova Southeastern University is contingent upon the findings of the screening. The following questions must be answered truthfully. A “Yes” answer to any of the following questions does not automatically keep you from being hired. **Your omission or falsification of any criminal history, including juvenile incidents, misdemeanors and/or felony will result in your immediate termination.**

**EXAMPLES OF CRIMINAL OFFENSES: Assault/battery, auto theft, disorderly conduct, domestic violence, DUI/DWI, fraud (welfare/food stamps) loitering, prostitution/solicitation, robbery, shoplifting, theft (grand/petty), trespassing, worthless checks. NOTE: This is not a complete list and is intended to provide examples only. You must list all convictions including juvenile incidents and those in which adjudication was withheld and/or records were sealed or expunged.**

- Yes  No  1. Have you ever been convicted of a misdemeanor or felony offense other than a minor traffic violation? Driving under the influence [DUI] and driving while intoxicated [DWI] convictions are not minor and must be reported.
- Yes  No  2. Have you ever been found guilty of a criminal offense?
- Yes  No  3. Have you ever entered a nolo contendere or no contest plea in a criminal proceeding?
- Yes  No  4. Have you ever had a criminal record sealed?
- Yes  No  5. Have you ever had a criminal record expunged?
- Yes  No  6. Have you ever participated in any type of pre-trial intervention/diversion program, including but not limited to community service or probation that resulted in the charges being reduced/dismissed or not prosecuted?
- Yes  No  7. Have you ever had adjudication withheld in a criminal offense?
- Yes  No  8. Are there criminal charges currently pending against you?
- Yes  No  9. Have you ever been imprisoned or jailed in a criminal proceeding?
- Yes  No  10. Have you ever been placed on probation in a criminal proceeding?
- Yes  No  11. Have you ever paid a fine in a criminal proceeding?
- Yes  No  12. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?

\*\*\*\*\*If you answered “Yes” to any questions above, you must explain fully on next page (Incidents)\*\*

**Teachers are required to complete questions 13-16**

Yes  No  13. Have you ever had a teaching certificate revoked or suspended? If yes, in what state and when? \_\_\_\_\_

Yes  No  14. Have you ever had sanctions placed on your teaching certificate for any reason?

Yes  No  15. Have you ever been denied a teaching certificate anywhere?

Yes  No  16. Is disciplinary action currently pending anywhere against your teaching certificate?

**IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS 1-16, YOU MUST FULLY EXPLAIN BELOW. BE SURE TO GIVE THE NAME OF THE STATE IN WHICH YOUR TEACHING CERTIFICATE WAS REVOKED, SUSPENDED, SANCTIONED, AND DENIED OR WHERE ACTION IS CURRENTLY PENDING AGAINST YOU.**

**INCIDENT #1**

County of Adjudication: \_\_\_\_\_ Date of Adjudication: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense: \_\_\_\_\_

Please provide detailed explanation: \_\_\_\_\_

Final disposition: \_\_\_\_\_

**INCIDENT #2 (Attach more sheets if needed)**

County of Adjudication: \_\_\_\_\_ Date of Adjudication: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense: \_\_\_\_\_

Please provide detailed explanation: \_\_\_\_\_

Final disposition: \_\_\_\_\_





By signing this document I certify that I have carefully read and fully understand each question and that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information requested or any misrepresentation of information requested. I also understand that my fingerprints will be submitted to the Federal Bureau of Investigation for a complete criminal history background check

By my signature, I authorize Nova Southeastern University to conduct any investigation necessary to verify all information identified on this form. My signature on this document provides for the release of any sealed or expunged records in my name by any court. Included in this grant of authority is my permission to contact any and all former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Office of Human Resources.

**By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my immediate termination, with no opportunity to grieve.**

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Signature

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Print Name

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Date



# VECHS WAIVER AGREEMENT AND STATEMENT

**Volunteer & Employee Criminal History System (VECHS)**  
for Criminal History Record Checks  
under the National Child Protection Act of 1993, as amended,  
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize **NOVA SOUTHEASTERN UNIVERSITY- (NSU)** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

**A national criminal history background check on me has previously been requested by:**

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(Name and Address of Previous Qualified Entity) (Year of Request)

I \_\_\_ have OR \_\_\_ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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I \_\_\_do OR \_\_\_do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**TO BE COMPLETED BY QUALIFIED ENTITY:**

**Entity Name:** NOVA SOUTHEASTERN UNIVERSITY  
3301 College Avenue  
Fort Lauderdale, Florida 33314

**Address: Telephone:** 954/262-7850

**Fax:** 954/262-3811

**FDLE Assigned Qualified Entity Number:** E06040001 - V06040001

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**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY  
COPY - SEND TO FDLE WITH FINGERPRINT CARD**