

BACKGROUND CHECKS

All UNMC students must complete a background check through UNMC. Healthcare facilities where students complete their clinical experiences require the background checks in order to meet accreditation standards and/or state law requirements. All background checks are highly confidential and will not be shared.

If you have submitted a background check at UNMC within the last year you do not need to complete another background check as a graduate student. If this applies to you, you must contact the Graduate Studies office at 402-559-4476.

There are 2 parts to the background check – you must complete both.

PART 1: On-Line Portion

Go to: www.onesourcebackground.com

Select: Student Log-in

Select the School: University of Nebraska Medical Center

Department: Select "**UNMC – Graduate College- Basic Science Only**" – towards the bottom of their list.

Do NOT select your department.

You should then see the following instructions and their on-line form.

1. **POSITION APPLIED FOR:** Leave this question blank.
2. **DEPARTMENT:** Leave this question blank.
3. **APPLICANT NAME:** Enter First, Middle and Last Name. (Full Legal Name)
4. **MAIDEN or AKA NAMES:** Enter First & Last Name of any other legal names used within the past 7 years.
5. **CURRENT ADDRESS:** Enter complete Current Address.
6. **PREVIOUS ADDRESS:** Enter the zip code OR City and State of any locations you have resided.
7. **SSN:** Enter Social Security Number. Do not enter hyphens or dashes. EXAMPLE: 111223333
8. **DOB:** Enter Date of Birth. Do not enter hyphens or dashes. EXAMPLE: 12/10/1970 or 12101970
9. **APPLICANT PHONE NUMBER:** Enter a phone number the applicant can be reached at between 8 am to 5 pm.
10. **APPLICANT EMAIL ADDRESS:** Enter an email address the applicant can be reached at between 8am to 5pm.

After you've entered your information: Select **Enter Order** and **I Agree**.

Payment: After submitting your request, you will pay online with a credit or debit card via PayPal. Cost \$30.20. If you do not have a credit card or debit card please call **One Source at 800-608-3645 or 402-933-9999** or e-mail them at orders@onesourcebackground.com to arrange for alternative payment arrangements. Payment must be made before the required background check can be processed.

PART 2: DHHS Form Print and complete the 2 page DHHS Form shown below then take it to the Graduate Studies office with proof of identification. Office location: ARS Building, the S.W. corner of 42nd and Emile – Suite 2004.



INSTRUCTIONS

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

All designated fields must be completed or the request will be returned and not processed. If this document is not typed, all information must be clearly printed and legible.

AUTHORIZATION

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

- Adult Protective Services Central Registry Child Protective Services Central Register

TYPE OF CHECK

Select only one:

- Agency Requested Check Self Check

Is this a request for an Adoption? Yes No

AGENCY INFORMATION: This section must be completed if this is an agency request.

Agency ID Number

Agency Name

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APPLICANT INFORMATION

First, Middle, Last Name

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Date of Birth

Age

Social Security Number

--	--	--

Current Address

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City

State

Zip Code

--	--	--

E-Mail Address (CFS will use this email as the primary method of contact)

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Other names previously used such as former married names, maiden name and nick names used during the past 20 years

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Agency ID Number

Agency Name

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First, Middle, Last Name

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Names and birthdates of your children and children who lived with you

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All previous addresses at which you have resided during the past 20 years (minimum City & State):

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SIGNATURES & DATES

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. This authorization is valid for a period of 6 months from the date of signature. Custodial guardian signature is required if the applicant is 18 years or younger.

Applicant or Guardian Signature

Date

SELF CHECK

Notary is required for Self-Check only.

Seal of Notary

Notary Public

AGENCY CHECK

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature

Date