VANDERBILT UNIVERSITY     Effective date: 10/15/2008

SCHOOL OF MEDICINE

OFFICIAL POLICY     Final Approval by: Dean,

Name of Policy: Criminal/Background Checks for Students Matriculating into the
School of Medicine, M.D. and M.D./Ph.D. Program

Responsible Agent: Associate Dean for Admissions

Scope of Policy: Medical Students School of Medicine

POLICY

Background Checks will be conducted on all students conditionally accepted for
admission or conditionally designated as an alternate for admission to the M.D. and
M.D./Ph.D. programs at the Vanderbilt University School of Medicine.

PURPOSE

The Association of American Medical Colleges (AAMC) recommends that all U.S.
medical schools obtain a national and/or international background check on applicants
upon their initial, conditional acceptance to medical school. In recognition of this
recommendation, the AAMC has initiated an AMCAS-facilitated national background
check service1. The purposes of conducting criminal background checks are multiple:

• To engender the public’s continuing trust in the medical profession regarding
  the safety and well-being of patients.
• To identify accepted applicants who have a criminal history that may preclude
  them from participating in the clinical training programs, including but not
  limited to, care of patients in vulnerable populations.
• To comply with various regulatory or accrediting agencies that require or
  recommend such checks, as well as any applicable state or federal laws.
• To put applicants with a criminal history on notice that there may be an issue
  with licensing boards regarding the impact of the criminal history on their
  ability to obtain professional licensure.

PROCEDURE

1 AAMC website at: www.aamc.org/students/amcas/faq/backgroundsearches.htm
I. AUTHORIZATION PROCESS AND THE CRIMINAL/BACKGROUND CHECK

a. Upon initial, conditional acceptance to the Vanderbilt University School of Medicine or another medical school participating in the AAMC facilitated background check program, the AAMC selected vendor will send an email notification to the applicant to obtain consent for the criminal record report/background check to be procured. In addition, the School of Medicine will obtain its own electronic consent prior to accessing the report. See Appendix 1. The School of Medicine may request that the AAMC selected vendor send alternate list applicants an email notification to obtain consent for a criminal record report/background check to be procured. If a report is procured by the AAMC selected vendor prior to conditional acceptance to Vanderbilt University School of Medicine, the report will not be made available to the School of Medicine until the AAMC receives notice of the applicant’s conditional acceptance or designation as an alternate.

b. Once consent has been provided, the AAMC selected vendor will conduct a background check and produce a report. When the report is completed, the AAMC selected vendor will send an email to the conditionally accepted applicant (or to the applicant designated as an alternate) requesting that he/she review the report prior to its distribution. The applicant (or alternate) will have ten calendar days from the date the email is sent to review the report. The applicant (or alternate) may contest the contents of the report within this specified ten-calendar day period. After that, the report will be made available to Vanderbilt University School of Medicine. If the applicant (or alternate) does not review this report or if there is no objection to the report, it will be distributed after this period elapses.

c. Failure by the applicant (or alternate) to provide the consent will result in withdrawal of the conditional acceptance or removal from the alternate list. Omission of required information or submitting false or misleading information by the individual in the AMCAS application for admission and/or in any communication with the School of Medicine may result in withdrawal of conditional acceptance or removal from the alternate list.

d. If no adverse information is reported in an applicant’s criminal background check, satisfactory completion will be recorded by the Director of Admissions and a final acceptance letter will be issued.

II. CRIMINAL/BACKGROUND CHECK REVIEW COMMITTEE

The School of Medicine under the guidance of the Dean and Associate Deans will create and maintain the Criminal/Background Check Review Committee (CBCRC). The CBCRC will be a standing committee established by the Dean of the School of Medicine. The CBCRC will be drawn from the School of Medicine faculty excluding members of

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2 These forms are attached for information only and may be modified/updated at any time.
the admissions committee and the Associate Deans. The CBCRC will have no less than 5 members. The CBCRC will be responsible for reviewing and revising this policy from time to time. Reasonable efforts will be made to keep applicants informed of any changes in this policy. However, VUSM reserves the right, in its sole discretion, to amend, replace, or terminate this policy at any time.

The CBCRC will meet on an as-needed basis. Each member of the committee will act in the best interest of the profession of medicine, potential patients, the School of Medicine as a whole and the community at large in serving on CBCRC and each member will abstain from acting or voting where there is a real or perceived conflict with regard to a particular applicant before the committee.

III. HANDLING ADVERSE REPORTS

Criminal background check reports with no adverse information will not be reviewed by the CBCRC. Each conditionally accepted applicant with adverse information will be reviewed individually by the Criminal/Background Check Review Committee, focusing primarily on suitability for the profession of medicine, threat to individual patients, and risks to the School of Medicine and the community. This process may also be followed for applicants on the alternate list at the discretion of the Associate Dean of Admissions.

a. The Criminal Background Check Review Committee may request that the individual provide an additional detailed, written description and explanation of the information contained in the criminal records/background report and AMCAS application along with appropriate documentation, such as police reports, certified court records and any institutional correspondence and orders. If requested, this information must be returned to the CBCRC within ten working days of the date the communication is sent to the individual. Any extension of the ten-day period must be requested by the applicant and granted in writing by an authorized University representative. The CBCRC may also independently seek to obtain additional information, such as a copy of the original criminal charge. The Chair of the CBCRC may request consultation with the Office of the General Counsel and/or Vanderbilt Police Department at his/her discretion. In-person meetings or telephone interviews with applicants are discouraged except in rare instances.

b. The Criminal Background Check Review Committee will review the criminal record/background report, any relevant information provided to or requested by the CBCRC and the applicant’s (or alternate’s) explanation (if requested or provided). Provided information will not automatically result in the revocation of acceptance.

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3 If the individual is an alternate, removal from the alternate list may occur as a result of this process since a conditional offer of admission has not yet been made. This same process and criteria will be used to evaluate whether to remove an applicant from the alternate list.
c. A final recommendation with regard to matriculation will be made only after careful review of factors including but not limited to: failure to self-disclose the criminal history, inconsistency of self-reported information as compared to the criminal records/background report, the nature and seriousness of the offense, the circumstances under which the offense occurred, relationship between the duties to be performed as part of the educational program and the offense committed, the age of the person when the offense was committed, whether the offense was an isolated or repeated incident, the length of time that has passed since the offense, past employment and history of academic or disciplinary misconduct, evidence of successful rehabilitation, whether there is a statutory prohibition related to the offense, and the accuracy of any information provided by the applicant.

d. When the Criminal/Background Check Review Committee considers information on a conditionally accepted applicant, the focus of this consideration would be on whether or not to finalize the conditional offer of acceptance tendered by the Admissions Committee. The potential scholarly contribution of the applicant to VUSM will not be considered and no information from the AMCAS application will be made available to the CBCRC except the applicant’s responses to the questions regarding military service, misdemeanor convictions or felony convictions. The CBCRC may meet in person or by conference call, at its discretion. All decisions will be made by majority vote of committee members present at the meeting. At least 5 members must be present at the meeting for a decision to be reached unless an exception is granted by the Dean of the School of Medicine or his/her designee due to extenuating circumstances. CBCRC members not present will be ineligible to vote. In the event of a tie vote, the CBCRC will recommend a finalized acceptance.

e. If an applicant has outstanding arrests or charges, the CBCRC can recommend acceptance of an applicant (with or without conditions) after careful consideration of the facts. The CBCRC also has the ability to recommend deferral of final acceptance pending final adjudication or to recommend withdrawal of the conditional acceptance. If adjudication is not complete before the date of matriculation, the acceptance can be deferred one year. However, if the CBCRC recommends withdrawal of acceptance for an applicant, recommends deferral of the acceptance of an applicant with outstanding arrests or charges, or recommends acceptance with conditions, the recommendation will be reviewed by a Review Committee composed of the Dean of the School of Medicine and/or his/her designee, the Senior Associate Dean for Health Sciences Education, the Associate Dean of Student Affairs and the University General Counsel. Their decision on the applicant’s admission will be final.

f. If the applicant has no outstanding arrests or charges, authority for the final decision regarding admission, any conditions of admission, and deferral of admission rests with the Dean and/or his/her designee. The Dean may agree
with and accept any CBCRC recommendation or may reach a different decision, which will be final.

g. If a decision is made to accept an applicant by the Dean or the Review Committee, a final letter of acceptance will be issued.

h. If a decision is reached by the Dean or the Review Committee to withdraw a conditional acceptance for an applicant, or to defer acceptance, or to admit the applicant with conditions, the applicant will be notified in writing within 10 days of the decision. The applicant will have seven calendar days to contest the report in writing.

i. If there is no response from the applicant within the seven days, the final notice of withdrawal, deferral, or conditional acceptance will be sent by the Associate Dean of Admissions. If there is a timely response, the Dean or the Review Committee, as applicable, will reconsider and render a final decision and the appropriate notice will be sent to the applicant.

IV. SUBSEQUENT CRIMINAL BACKGROUND CHECKS

a. A criminal background check may be requested or performed after the initial check covered by this policy in accordance with applicable policies, procedures or practices of the University, the School of Medicine, or the institution’s clinical educational sites.

b. There is an affirmative duty for medical students at the School of Medicine to notify the Associate Dean of Student Affairs of arrests and the disposition of any outstanding charges after the initial background check for admission has been completed. There is also an affirmative duty for students to report any adverse information resulting from subsequent criminal background checks obtained at any site during the student’s enrollment in the School of Medicine.

V. RECORD KEEPING OF REPORTS AND SUBSEQUENT ACCESS TO REPORTS

a. All criminal history/background check information that is maintained by the School of Medicine will be kept in a locked file that is located separately from the records in the applicant’s admission file. The locked file will be located in the offices of the Dean of the School of Medicine.

b. Criminal records/background reports will be maintained for a period of time consistent with the School of Medicine’s retention schedule.

c. Access to the criminal/background check information will be limited to the CBCRC, the Dean of the School of Medicine and his/her designee, the Senior Associate Dean for Health Sciences Education, the Director of Admissions, the General Counsel, and the Associate Dean of Student Affairs, on a need to know basis. The Associate Dean of Admissions will need to know if an applicant has an adverse report to track the progress through the system. In addition, the
Office of the General Counsel will have access to background information on an as needed basis.

d. The policies set forth in this section of this document about the collection, storage, and management of criminal history information of medical students will be communicated to all students.

Approved by:               Policies Superseded by This Policy: None

Dean, School of Medicine

Review/Revision Completed by:    Revision/Review Date:

Dean, School of Medicine
Senior Associate Dean for Health Sciences Education
Criminal Background Check Review Committee Chair
Associate Dean for Student Affairs
Associate Dean for Admissions
Associate Dean for Diversity
Associate Dean for Diversity in House Staff and Faculty Affairs
General Counsel
Appendix 1

Disclosure Form Regarding Consumer Report for
Vanderbilt Medical Students

Please be advised that in connection with your application for admission to the Medical School, a consumer report and/or an investigative consumer report * will be obtained from a consumer-reporting agency for the purpose of evaluating you for admission as a Vanderbilt medical student. This report will be requested either after a conditional offer of admission or upon being identified as an alternate for conditional admission.

You have a right to request disclosure of the nature and scope of the report, which involves interviews with sources such as former schools and/or employers, and a summary of consumer rights.

The consumer report includes:

Address Verification
Criminal History
Military History
Social Security Number Check
Sex Offender Status
State/Federal Program Exclusion (OIG)
In addition, other areas may be investigated depending on the school applied for.

International Searches (as applicable)

By signing the Vanderbilt consent form, I am authorizing Vanderbilt University to procure and access a consumer report and/or an investigative consumer report on me, to be used for final determination of my conditional offer of admission to the Vanderbilt University School of Medicine or upon request of the Vanderbilt University School of Medicine when I am considered as an alternate.** Refusal to provide adequate/correct information in the AMCAS application or this background checks process may result in withdrawal of the conditional offer of acceptance.


* An investigative consumer report may include personal interviews to obtain information on a person's character, general reputation, personal characteristics, or mode of living.

** This report is being obtained through the AMCAS-facilitated centralized background check program.
Consent for Reference and Background Checks

For Vanderbilt University Medical School Admission

I recognize that any offer of admission to me by Vanderbilt is conditional upon my successfully passing reference and background screenings. I understand that VANDERBILT and CERTIPHI SCREENING, INC. shall conduct reference and background checks thoroughly and within the confines of all applicable state and federal laws.

In consideration of Vanderbilt’s review of my application, I hereby release any individual, entity, governmental or other agency providing information pursuant to this Consent and Vanderbilt University from all claims or liabilities that arise from the inquiry into or disclosure of such information, including but not limited to any claims for defamation or invasion of privacy. This release is not intended to waive or release any duties, responsibilities, or liability arising out of the Fair Credit Reporting Act.

I hereby voluntarily consent to and authorize CERTIPHI SCREENING, INC., or its authorized representative bearing this release or copy thereof, in connection with my application to Vanderbilt University Medical School, to obtain a consumer report and/or an investigative consumer report for admission purposes including:

Address Verification
Criminal History
Military History
Social Security Number Check
Sex Offender Status
State/Federal Program Exclusion (OIG)
International Searches (as applicable)

I further authorize that an electronic signature, photocopy or facsimile of this authorization be considered as valid as the original. If it is your intent to authorize Vanderbilt to conduct a background check, please complete the Consent for Medical Students Reference and Background Checks.

According to the Fair Credit Reporting Act, I understand that I am entitled to know if admission is denied because of information obtained from a consumer background reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
I have read the Consent for Reference and Background Checks. I understand that if I do not consent to the background checks within 30 days of receiving a conditional offer of admission, the offer is withdrawn. If I do not consent to the check within 30 days of being notified that I am being considered as an alternate, I will be considered to have withdrawn my application from consideration.

I hereby authorize, without reservation, any person who may have information relevant to this investigation, including but not limited to any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by VANDERBILT and/or CERTIPHI SCREENING, INC., or their agents to furnish the information described on the first page of this consent form and consent to these pre-admission reference and background checks.

Please read the following statement carefully:

I affirm that the information and data which I am submitting directly to Vanderbilt University School of Medicine and indirectly by means of the American Medical College Application Service relating to my application for admission and this reference and background check are true, correct, and complete to the best of my knowledge and belief. I also affirm that I have read and consent to the reference and background check described in this consent. I understand that in the event Vanderbilt uses any information contained in the consumer report in any adverse decision, I will be so advised and provided with a copy of the report as well as a written summary of my rights under the Fair Credit Reporting Act.

By selecting the “yes” box below, I acknowledge that I have read the preceding statement, that I am the person whose information is contained in the fields below, that I agree with and accept its terms, and that I intend to be bound by them. I understand that this action is equivalent to a written signature.

I understand that if I do not agree, and select the “no” box, my conditional offer of acceptance will be withdrawn.

Yes
No

The following information will be used to conduct the reference and background checks.
PLEASE COMPLETE ALL FIELDS BELOW
First Name: 
Middle Name: 
Last Name: 
Maiden Name: (or any other name by which you have been known in the last 7 years.)
Date of Birth: ***
(mm/dd/yyyy)
Social Security Number:
(no dash required)
Driver's License Number:
State Issued:
Phone:
(with area code)

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Current Address
Street/Apt:
City:
State:
Zip code:

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Last Prior Address
Street/Apt:
City:
State:
Zip code:

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If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable check on your background, please explain:

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***In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of admission.