

Falcon Institute of Health and Science 3045 Avenue B, Bethlehem PA, 18017

## Background Check & Drug Screen Authorization

I am aware Falcon Institute's Practical Nurse Education Program requires for admission and progression a Criminal History Record Check and a FBI Identity History Summary Check free of prohibited offenses, as listed in Act 169 of 1996. Admission and progression in the program will be denied if the applicant is found to have any prohibited offenses listed on their background check.

I am aware Falcon Institute's Practical Nurse Education Program requires for admission and progression a negative urine drug screen. This screening will be completed at orientation. I understand that refusing to complete the urine drug screen at orientation will be recorded as a positive result.

By signing this form, I am permitting Falcon Institute of Health and Science to conduct a PA Criminal History Check. I understand this will be completed at orientation. I am also agreeing to complete an FBI Clearance within the first month of the program. I am also agreeing to have a urine drug screen completed at orientation.

I certify that, to the best of my knowledge and belief, the statements provided here are true and correct. Please check one below.

No, I do not have any prohibited offenses on	my background check.
Yes, I have prohibited offenses on my backgr Program Director.	ound check and would like to discuss further with the
Print Name	 Date
Sign Name	