

CBC Questionnaire

Name: _____

Keeping the preceding information in mind, please check “Yes” or “No” for each offense to indicate if you have ever been convicted of, pled guilty, nolo contendere, “best interest of”, attempted to commit, or conspired to commit one of the following felonies:

Distribution or dispensing, manufacturing, and/or production of controlled dangerous substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Child Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rape	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sex Offense	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Murder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arson	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manslaughter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Grand Larceny	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gratification of Lust	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aggravated Assault	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felonious Abuse and/or Battery of a Vulnerable Adult	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Armed Robbery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please check the appropriate response:

- Have you ever been convicted of, plead guilty or a no contest plea to any other felony other than those mentioned above?
Yes ☐ No ☐
- Have you ever been convicted of, plead guilty or a no contest plea to any misdemeanor?
Yes ☐ No ☐
- Have you ever been convicted of, plead guilty or a no contest plea to any healthcare related offenses?
Yes ☐ No ☐
- Have you ever been convicted of, plead guilty or a no contest plea in any military court or have you received a discharge other than honorable discharge in lieu of court marshal to any offense?
Yes ☐ No ☐
- Are you currently or have you ever been debarred, excluded, or otherwise deemed ineligible to participate in Medicare/Medicaid programs?
Yes ☐ No ☐

- Have you been fingerprinted by a healthcare facility in the past two (2) years in connection with the above referenced Criminal Background Check law(s)?

Yes ☐ No ☐

If yes, please provide the facility name _____.

If you answered “Yes” to any question above, please provide details on a separate sheet of paper.

Declaration of Understanding:

- I have carefully read the preceding information regarding criminal background checks and declare that the information provided above is an accurate reflection of any and all arrests and/or convictions, guilty pleas or pleas of no contest related to my background.
- I have been advised that falsification of this information and/or not fully disclosing all information will impact my acceptance and/or continuation in the Medical Laboratory Technology Program.
- I have been advised that criminal background clearance must be obtained through the Mississippi Department of Health to remain enrolled in the Medical Laboratory Technology Program.
- I have been advised that obtaining a criminal background clearance for enrollment in the program, does not guarantee licensure by any Board of Certification.

Applicant Signature: _____

Printed Name: _____

Date: _____

Drafted: 10/13; Revised: 4/14, 6/15, 5/16, 8/17