



BELMONT
COLLEGE

**Medical Assisting and Phlebotomy Technician Program
BCI/FBI Checks Student Agreement**

I understand that information contained in my state/federal background checks can impact my ability to enter/complete the medical assisting or phlebotomy program and to be eligible for the Registered Medical Assistant or Registered Phlebotomy Technician Certification exam through American Medical Technologists.

I agree to notify the Coordinator of Medical Assisting and Phlebotomy at Belmont College of any change in my legal status during the program which may impact my ability to attend clinical experiences or my eligibility for the RMA/RPT certification exam. I understand that failure to report a change in my legal status may result in dismissal from the medical assisting and/or phlebotomy technician program.

Furthermore, I agree to notify the program of any past/present employment issues with any healthcare facilities that would prevent my participation in clinical experiences.

I hereby authorize the medical assisting program, phlebotomy, coordinator, and faculty to release a copy of my state and federal background checks to any clinical site(s) where I am assigned.

This signed statement will remain in effect for the duration of the medical assisting and phlebotomy program.

Student's PRINTED Name _____

Student's Signature _____

Date _____