

**MISSISSIPPI GULF COAST COMMUNITY COLLEGE**  
**CRIMINAL BACKGROUND CHECK WITH FINGERPRINTING SCHEDULE**

**Location: CAMPUS POLICE OFFICE**

AT

**JC, JD, GC & PERKINSTON CAMPUS or CENTER**

<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>
<b>9 AM – 11 AM</b>	JACKSON COUNTY JEFFERSON DAVIS PERKINSTON	JACKSON COUNTY JEFFERSON DAVIS PERKINSTON	JACKSON COUNTY JEFFERSON DAVIS PERKINSTON	
<b>1 PM – 3 PM</b>	JACKSON COUNTY JEFFERSON DAVIS PERKINSTON	JACKSON COUNTY JEFFERSON DAVIS PERKINSTON	JACKSON COUNTY JEFFERSON DAVIS PERKINSTON	
<b>6:30 PM – 9 PM</b>	GEORGE COUNTY	GEORGE COUNTY		GEORGE COUNTY

**INSTRUCTIONS:**

- It is strongly encouraged to make the Criminal Background Check appointment with the MGCCC Campus Police at least 24 hours in advance
- Appointments outside of the scheduled days or hours may be honored for extenuating circumstances if approved by a Nursing/Allied Health Department Chair
- The fee is paid in the Business Office at the campus/center where the Criminal Background Check will be performed. Please check the Business Office operating hours ahead of time. The payment fee is \$65. Please visit the Nursing/Allied Health department or website for additional information.
- Bring the Criminal Background Check payment receipt with you on the scheduled day to test. Prints will not be made without the proper payment receipt
- Bring a government issued photo ID for verification of identity. Prints will not be made without the proper photo ID
- Bring the completed, signed Fingerprint Information Form to expedite the data entry process. The form can be obtained in the Nursing/Allied Health Department or printed from the webpage.
- Information regarding mailed print results and submitting test results for program admission can only be obtained in the Nursing/Allied Health department or webpage. Results will be mailed to the student's address by the State Department of Health. Campus Police/office workers are not privileged to test results.

Perkinston Campus Police  
Perkinston Campus  
(601) 928-6327

Jackson County Campus Police  
Jackson County Campus  
(228) 497-7697

Jefferson Davis Campus Police  
Jefferson Davis Campus  
(228) 896-2516

George County Center Police  
George County Center  
(601) 766-6447

"In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, the Board of Trustees of the Mississippi Gulf Coast Community College hereby adopts a policy assuring that no one shall, on the grounds of race, religion, color, national origin, sex, age or qualified disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity of the College. The Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability."

## MISSISSIPPI GULF COAST COMMUNITY COLLEGE

### Criminal Background Check Procedure for All Nursing & Allied Health Programs

All MGCCC Nursing and Allied Health (NAH) pre and/or post professional students who have or will have 1 or more clinical components attached to their educational program will be required to meet clinical facility and state requirements for Criminal Background Checks (CBC) and fingerprinting with a “clear” or “acceptable/approved” result.

All NAH students are required to submit to CBC testing and fingerprinting at a MGCCC Campus Police Office which is located at the Jackson County Campus, Jefferson Davis Campus, Perkinston Campus or George County Center. The payment must be paid in advance at the Business Office at the campus or center scheduled for testing prior to the test. A paid receipt must be submitted to the Campus Police on the day of testing, prior to the test. The student is also required to read and sign the Informed Consent/Release for Criminal Background Investigation form prior to testing. Please contact Campus Police for specific testing hours and the appropriate identification required.

Once the criminal background check and fingerprinting scanning has been completed by MGCCC Campus Police, the scanned fingerprints will automatically transmit to the MS Criminal Information Center (Department of Public Safety) and to the FBI for a national criminal history record check. Thereafter, the NAH Administrators will check each student’s information via a secure login and password through the Licensure/Criminal History Record Check Unit of the Mississippi State Department of Health Office. Following final processing, documented communication will include one of the following results: (1) clear, (2) processing, (3) need information, or (4) facility notified (Disqualified Event)/Rap Sheet report required.

Within 5 college business days after testing, NAH Administrators will print the student’s clearance or non-cleared (*Disqualified Event*) letter on MGCCC letterhead, place it in a sealed envelope and forward it to the Campus Police Office where the prints were submitted for the student to pick up. The “*Cleared or Disqualified Event*” letter must be submitted to the NAH Counselor at the pre-scheduled clearance appointment time.

If a *disqualified event* letter is received, the student will also receive at his/her listed home address an official “Rap Sheet” report from the State Department. For program consideration, the original “Rap Sheet” **must be immediately forwarded by the student** to the designated Nursing or Allied Health Department Chairperson who supervises the student’s healthcare program of interest. Within seven (7) college working days following the healthcare program’s application deadline of April 1, May 15<sup>th</sup>, July

1, or November 1, the NAH Administrative Clearance Committee will review the details of all letters and Rap Sheets that contain the phrase “*May have a disqualifying Event*” along with all other substantial documentation requested or submitted by the student and make a final committee decision on program acceptance. All decisions will be based upon “an identifiable violation(s) on the history described as pursuant to MS Code 43-11-13 that would prevent clinical attendance and/or licensure, if applicable.” Each student will be notified of the committee’s decision by a NAH Department Chair.

Please note that if a student has one (1) or more identifiable violations on the history described as pursuant to MS Code 43-11-13 that would prevent clinical attendance and/or licensure, if applicable, the decision will be made by the NAH Administrative Clearance Committee to **not** allow initial or continued admission or enrollment into a Nursing or Allied Health professional program at Mississippi Gulf Coast Community College. However, upon the completion of a legal expungement, the committee may revisit the decision.

#### **Additional Information:**

- Following completion of all criminal background checks, the information will be kept confidential and only shared with Program Administrators and clinical affiliates as needed.
- MGCCC students do not have to repeat the criminal history record check/fingerprinting as long as they are continuously enrolled at Mississippi Gulf Coast Community College.
- All Criminal Background Checks needed for admission into a healthcare program at MGCCC must be obtained from the Campus Police at Mississippi Gulf Coast Community College
- Please see the MGCCC College Directory for Campus Police contact information  
<https://www.mgccc.edu/police/>
- Nursing and Allied Health contact information:
  - Allied Health Chairperson: JC Campus – Office Phone : 228-497-7709
  - Nursing Chairperson: JC Campus – Office Phone: 228-497-7777
  - Nursing Chairperson: Perk Campus – Office Phone: 601-928-6251
  - Nursing Chairperson: JD Campus - Office Phone: 228-897-3711
  - Simulation Director – Office Phone: 228-897-4360

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Nursing/Allied Health Student Fingerprint Information Sheet  
All Blocks Must be Filled out Completely for Processing  
Please Print Legibly

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Suffix (Jr, Sr, etc.): \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Sec Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

All of the information provided above is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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