University of Central Arkansas Field Experience Background Check Request Form

Read this information carefully to avoid delays in processing your background check.

All teacher education candidates enrolled in a course with a field experience component must have an approved background check. This preliminary background check costs \$10.00, which will be paid directly to Student Connect by credit or debit card via a link sent to your UCA email address.

To initiate this background check process, complete the information below and the consent to perform a background check and return to **Nancy Ringgold in the Department of Teaching and Learning** (Mashburn 104). Once entered into the system, an email will be sent to your UCA e-mail account with directions to pay the \$10.00 fee. **Your background check will not be completed until you have paid this fee.**

After you have submitted your payment information, wait for the message "Thank you for your payment. You are now being returned to the Student Connect site." DO NOT CLOSE OUT OF THE SYSTEM UNTIL IT HAS RETURNED TO THE STUDENT CONNECT SITE. Closing the screen prior to returning to the Student Connect site will delay the receipt of your background check. You will not be allowed to begin your field experience until your background check has cleared. Your instructor will let you know when your background check has cleared.

If you have already completed a recent background check through the Arkansas Department of Education that can be verified, you are not required to complete a second background check.

Contact Nancy Ringgold if you need assistance. Email: ringgold@uca.edu Phone: (501) 450-5478

Name:				UCA ID:		
First	Middle	Last				
Address:			_			
City	State	ZIP Code	-			
Phone:		Email:				
	ster & Year):		UCA Email			
List all course(s) in w	hich you are enrolled th	is semester that have	a field e	xperiend	ce.	
Course:		Instruct	or:			
Course:		Instruct	or:			
Course:		Instruct	or:			
Major:		Level:	K-6	4-8	7-12	K-12
	C E	NTRAL KANSAS ["] COLLE	GE OF TION			



Last Name	First Name	Middle Name	Maiden or other name(s)
Address			
City	County	State	ZIP Code
		(@cub.uca.edu
Date of Birth	Gender	UCA Email Address	

The Arkansas Department of Education has access to and must consider any background check reflecting a conviction (pleading guilty or *nolo contendre*/no contest or being found guilty by a jury or judge) for any offenses listed in the Ark. Code §6-17-410 as well as any felony involving physical or sexual injury, mistreatment, or abuse against another, including records that have been expunged, sealed, or subject to a pardon. For any questions about this statement, contact the ADE legal office at (501) 682-4227.

Have you ever pled guilty or pled nolo contendere (no contest) or been found guilty of a crime?	YES	NO
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If YES, was the crime a MISDEMEANOR or FELON	If YES, was the crime a	MISDEMEANOR or	FELONY
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List the date and crime for which you were convicted: ______

In which state/jurisdiction	did this conviction occur?
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Do you have any pending charges?	YES	NO
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If yes, list the state/county of the arrest and the details of the pending charges.

Have you ever had a "true finding" with the Arkansas Department of Human Services Child Maltreatment Central Registry? YES NO

I, ________, am an applicant for the teacher education program at the University of Central Arkansas and/or will be entering an early field experience. I hereby give my consent for this background check and for the information obtained to be used in making teacher education admission decisions. If the background check is returned with anything other than *no records found*, it may result in the denial of admission into the program and/or the participation in field experiences. I understand that to reverse this decision I must submit an approved Arkansas Department of Education fingerprint background check from the Arkansas State Police and FBI. I understand that due to the length of time to have an approved fingerprint background check returned, my admission into the teacher education program or the permission to participate in field experiences may be delayed.

I hereby certify that all information provided in this consent form is true, correct, and complete. If any information proves to be incorrect or incomplete, I understand that I may be dismissed from the teacher education program and/or denied permission to participate in field experiences.

Candidate Name (Printed)

UCA ID No.