



**University of Montana Teacher Education Program Application
Criminal Background Check Authorization**

Because I am seeking admission to the Teacher Education Program through the Phyllis J. Washington College of Education at the University of Montana-Missoula, I hereby purposely and voluntarily agree to give the University of Montana (UM), its employees and any school district where I might be placed for a clinical experience, the right to request a fingerprint-based background check regarding any criminal record in connection with my placement for any clinical experiences.

I hereby authorize UM, its employees, or any school district where I could be placed for a clinical experience to request and receive any public criminal record information that may be in the files of any state or local criminal justice agency. In addition, I hereby authorize the University of Montana and its employees the right to share the information received with any school district where I may be placed.

I understand that the costs of the fingerprint-based background check(s) are mine alone and that failure to complete a satisfactory criminal background check may disqualify me from receiving a clinical placement required for me to complete the Teacher Education Program at the University of Montana.

Printed Name

Student ID Number

Street or P.O. Box

Phone Number

City

State

Signature

Date

University of Montana Teacher Education Program

Initial Background Screening Form

Name: _____
(Last) (First) (Middle)

Student ID Number: _____

Montana law gives the Board of Public Education the authority to issue a letter of reprimand, suspend, revoke, or deny teaching licensure. See Montana Code Annotated (MCA) Section [20-4-110](#). The Montana Office of Public Instruction will review all applications for licensure, including an examination of the candidate's criminal history. Acceptance into and completion of the Teacher Education Program does not guarantee eligibility for teacher licensure by the State of Montana.

Policy states that all teacher education candidates must complete a fingerprint-based national background check prior to placement in any clinical experience. Pursuant to University of Montana policy, a criminal record does not necessarily prevent a candidate from beginning or succeeding in the program. However, it may complicate clinical placement opportunities that could interfere with a candidate's ability to meet requirements for program completion.

*Review the following statements. **Initial each statement** to indicate your understanding.*

_____ I acknowledge that I have read the Background Check Admission and Clinical Experience Procedures as found in the Teacher Education Program Handbook.

_____ I acknowledge that I have read and understand the Professional Behavior Expectations for candidates in the Teacher Education Program Handbook.

_____ I understand that the Director of Clinical Experiences reviews background check results and may contact me to discuss circumstances and potential implications of criminal convictions that appear on my record pursuant to MCA Section 20-4-110 and University of Montana policy.

_____ I understand that background check results may be shared with P-12 administrators for clinical placement purposes. School administrators have final authority and a criminal conviction record may delay or prevent clinical placements that are required for completion of the Teacher Education Program.

_____ I acknowledge that I have read and understand the text of MCA Section [20-4-110](#).

_____ I understand that while enrolled in the Teacher Education Program, I am required to immediately disclose any occurrence of the following to the Director of Clinical Experiences:

- charges or convictions other than a minor traffic violation;
- arrest, indictment or conviction of felony charges.

Failure to notify the Director immediately may result in delay of program completion or removal from the program.

_____ I understand that any charges other than a minor traffic violation may result in removal from a clinical experience or student teaching assignment until the matter is resolved. If convicted of a felony, my enrollment status will be reviewed pursuant to Montana Board of Regents of Higher Education Policy and University of Montana policy.

I understand the information and requirements presented.

Applicant Signature: _____ Date: _____

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993
AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

(This document consists of two pages)

To Teacher Education Program Applicant:

Federal law requires the use of this document. Please complete the following and place in a sealed envelope with your name and student ID#. This confidential form will be kept separate from your TEP application.

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to the University of Montana's Teacher Education Program for the position of a pre-service teacher for clinical experiences or a teacher candidate for student teaching.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act(VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____
First Middle Maiden Last

Date of Birth: _____

Address: _____
Street Apt.

City State Zip

☐ I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

☐ I have not been convicted of, nor am I under pending indictment for, any crimes.

Your signature below acknowledges this entity has informed you of your privacy rights for fingerprint-based background check requests used by the entity for non-criminal justice purposes.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant



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