



## Notice to All Students Registering In a Health Science Program

**Effective July 1, 2012, [Section 456.0635](#), Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:**

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter [409](#), F.S., (relating to social and economic assistance), Chapter [817](#), F.S., (relating to fraudulent practices), Chapter [893](#), F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree under Section 893.13(6)(a), F.S., more than 5 years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under [21 U.S.C. ss. 801-970](#) (relating to controlled substances) or [42 U.S.C. ss. 1395-1396](#) (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
  3. Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application;
  
5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's [List of Excluded Individuals and Entities](#).

Boards, or the department where there is no board, are continually updating questions on licensure applications. It is your responsibility to check the website of the specific board or the department governing your program of interest for updated information on licensure applications.

- I understand that it is my responsibility to self disclose any personal arrest that occurs after my Criminal History Report has been run. The disclosure will be reported to the director in charge of the Health Science program in which I am enrolled.
- I understand that if I am removed from the program because of issues related to my background check, no refund of program tuition and related fees will be made.
- I understand that after completion of the program and while seeking employment in the field, most employers require a drug test and a new criminal history report.
- I understand that health care agencies where I may be assigned may have requirements that preclude me from a clinical experience. Without the clinical experience I may not be able to complete the program I have entered.

I, \_\_\_\_\_, a prospective student wanting to enroll in a Health Science program at the Osceola Technical College, have received, read and understand the impact that the Florida Statute, Section 456.0635 will have on me being licensed, certified, registered, and employed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor/Advisor Signature

\_\_\_\_\_  
Date