



**Wichita State University
College of Education**

**Student Acknowledgement and Authorization
Regarding Clinical Experience**

I am informed and understand that Wichita State University is being required by prospective clinical sites and medical care facilities (hereafter “clinical facilities”) to seek personal information regarding university students who wish to do their clinical experience at said clinical facility and make certain judgments based on said information. In consideration of my opportunity to complete my clinical experience in the Master of Science in Athletic Training (MSAT) at Wichita State University, I understand, accept and agree to abide by the following:

1. I understand that I may be required to consent to a background check which may include, but is not limited to, an investigation regarding whether I am on any federal list of excluded individuals, whether I am registered as a sex offender, and whether my criminal history raised reasonable questions about my ability to engage in safe and competent practice.
2. I understand I may be required to obtain and pay for all background checks and criminal history investigations that

By signing herein, I acknowledge that I have read, understand and agree to abide by the statements above.

Student Printed Name

Student Signature

Date