



UNIVERSITY OF

**DETROIT MERCY**

COLLEGE OF HEALTH PROFESSIONS  
& MCAULEY SCHOOL OF NURSING

College of Health Professions (CHP), McAuley School of Nursing (MSON)

## CONSENT FORM

I have read, understand, and agree to the University of Detroit Mercy, CHP, & MSON criminal background check and urine drug screening policies and procedures. I hereby release the University of Detroit Mercy, CHP & MSON from any claim in connection with the above-named policies.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand and consent to the following:

**Please initial each number to indicate agreement:**

- \_\_\_\_\_ 1. I consent to a criminal background check and urine drug screening as required by clinical agencies and directed by the University of Detroit Mercy, CHP & MSON.
- \_\_\_\_\_ 2. I authorize the release of all information and results from the criminal background check and urine drug screening to the CHP & MSON Dean, Compliance Officer, my program chairperson, or others as specified in the policies.
- \_\_\_\_\_ 3. I understand that all costs incurred with the criminal background check and urine drug screening will be my responsibility and are subject to change at any time.
- \_\_\_\_\_ 4. I understand that I **MUST** have personal health insurance in force during the clinical/internship portion of studies at the University of Detroit Mercy CHP & MSON. If at any time during my clinical/internship studies I am not in compliance with this requirement, I will be withdrawn from the clinical/internship portion of my program which may result in delayed graduation or dismissal from the program.
- \_\_\_\_\_ 5. I hereby release and agree to hold harmless University of Detroit Mercy CHP & MSON, their officers, employees, trustees, and agents from any and all liability arising from such tests, including, but not limited to the testing procedure, accuracy of the tests and disclosure of the results.

My signature indicates that I have read, understand, and agree to all information on this consent form and that I have signed it voluntarily.

Printed Name: \_\_\_\_\_ Program: \_\_\_\_\_

I understand that by checking this box I am consenting to electronically sign this document, and that the electronic signature created has the same legal effect as a traditional pen and ink signature.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms with original signature need uploaded to:

Nursing (Graduate & Undergraduate) - ACEMAPP; Nurse Anesthesia - Typhon Account; Physician Assistant - ACEMAPP and Typhon account

If you have questions, please contact Angela Hendren at [hendreaj@udmercy.edu](mailto:hendreaj@udmercy.edu).

Y:\Compliance Officer\Student Forms\Consent Form