CRIMINAL BACKGROUND CHECK REPORT
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SUBMITTED BY THE AMSNY COMMITTEE ON DIVERSITY AND MULTICULTURAL AFFAIRS
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Criminal Background Check Report

Executive Summary

In 2006 the AAMC approved an AAMC- administered national criminal background check policy for applicants that have been accepted into medical school and for enrolled students; the acceptance of applicants is contingent upon the results of the criminal background check report. This policy will be implemented in full for 2009 applicants for schools that elect to adopt CBCs. In response to AAMC’s decision, the Board of Trustees of AMSNY requested the Committee on Diversity and Multicultural Affairs (CDMA) to develop a set of recommendations as to whether the NYS schools should in fact perform criminal background checks (CBCs), and if a school chooses to do so, a guide for how the program should be structured.

To prepare this report, the CDMA

1. Reviewed a variety of AAMC documents on criminal background checks (see reference section);
2. Collected data from schools that developed background check policies and procedures for implementing (Oregon, Ohio, Minn & Duke). This included discussing the impact of these policies and procedures with the appropriate persons at each school, except Duke;
3. Interviewed 12 CDMA members representing 12 out 15 consortium schools to ascertain his/her specific concerns, sensitivities, ideas about and recommendations for implementing criminal background checks; and
4. Reviewed 25 “Application for Licensure and First Registration” for content related to criminal charges, including New York’s. The applications represent those that are currently being used by members of the Federation of State Medical Boards.

Recommendations

Following an extensive review and discussion of materials presented, and considering the potentially negative impact implementing CBCs could have on poor students and racial and ethnically minority students, especially African American and Hispanic males, CDMA recommends that

1. AMSNY wait until the AAMC pilot study is completed and the results are disseminated before deciding to adopt and implement CBCs. Waiting for the results of the pilot study could
   • Reveal the feasibility of implementing CBCs
   • Reveal challenges and solutions schools encountered in implementing CBCs
• Yield data about the number and racial/ethnic background of students flagged by CBCs
• Reveal concerns of pilot schools that CDMA may not have identified
• Provide information on how flagged applicants were adjudicated and
• Provide a template for how to implement this practice.

If AMSNY decides to recommend the adoption of CBCs and, if individual schools elect to adopt CBCs, CDMA recommends that each school:

2. Consider the full range of issues involved in adopting a CBC policy and include its legal counsel in its discussions about implementing CBCs procedures.

3. Establish a special review panel/committee to review criminal background reports; this panel must be separate from admissions; the panel should include representatives from minority/multicultural/diversity affairs, when appropriate, a mental health expert, where available, someone with expertise in criminal justice/background checks and be supported by a school's legal counsel. When reviewing a flagged applicant from a racial and ethnic minority group or from an economically disadvantaged background, the panel should consider the discrimination in the administration of justice for individuals from these groups as well as the variability in definitions of crimes from state to state.

4. Provide education/training for persons reviewing criminal background information including its complexities and limitations as well as drawing upon a substantial body of literature on the continuing inequities in the application of justice in the United States.

5. Develop a fair, practical and timely process in which flagged applications are reviewed and applicants interviewed. After a careful and considered review of all materials in a manner consistent with each school's policies, procedures and standards, applicant should be informed of the panel's decision.

6. Develop a timely appeal process for applicants who are “red flagged.”

7. Institute a system that will ensure that confidentiality is maintained including how long CBC information will be retained, who will have access to this information, how information will be
maintained/secured and will CBC information be made available to other consortium schools to which applicant applied.

8. Develop a process to monitor, collect information about and review experiences with CBCs including the potential impact on the applicant pool and conducting a cost benefit analysis. This may require developing strategies in partnership with Pre-Health Advisors. Share this information among AMSNY consortium.
I. Introduction

In 2006 the AAMC approved an AAMC-administered national criminal background check policy for applicants that have been accepted into medical school and enrolled students; the acceptance of applicants is contingent upon the results of the criminal background check report. This policy will be implemented in full for 2009 applicants. In response to AAMC’s decision, the Board of Trustees of AMSNY requested the Committee on Diversity and Multicultural Affairs (CDMA) to develop a set of recommendations as to whether the NYS schools should in fact perform criminal background checks (CBCs), and if a school chooses to do so, a guide for how the program should be structured.

While accepting this charge, CDMA recognizes and is deeply concerned that AAMC has approved this policy and that it will be implemented in the context of a criminal justice system in America that is not blind; that discrimination in the administration of justice falls disproportionately on racial and ethnic minority groups and poor people, especially African American and Hispanic American males. CDMA is concerned that the implementation of CBCs may add another barrier for a population that already faces barriers to entering the medical profession thereby further reducing the pool of African American and Hispanic males that apply to medical schools.

II. Background

The Association of American Medical Schools (AAMC)

After two years of deliberation, in June 2006, the AAMC Executive Committee approved the development of a national centralized system for completing and reporting on criminal background checks for students who have been accepted into medical school. This will be an AAMC administered system that will be available to all AAMC-member schools. The AAMC cites increasing public and legislative pressure to institute criminal background checks for all medical students as the impetus for its decision. Currently, 24 of the 125 medical schools already require criminal background checks and, the Department of Veterans Affairs mandates that all students who will be involved in patient care at its hospitals be fingerprinted (2006) and undergo criminal background checks. Currently, 107 out of 125 medical schools have an affiliation with VA hospitals and approximately 16,000 students rotate through VA facilities annually (REPORT OF THE COUNCIL ON MEDICAL EDUCATION, CME REPORT 9-A-06). AAMC also noted
that several states (Illinois, Minnesota, and Washington) already have laws requiring criminal background checks on entering medical students.

**The Rationale**

AAMC’s rationale for conducting criminal background checks on students who have been accepted to medical school includes:

1. to bolster the public’s continuing trust in the medical profession;
2. to enhance the safety and well-being of patients;
3. to ascertain the ability of accepted applicants and enrolled students to eventually become licensed physicians, and
4. to minimize the liability of medical schools and their affiliated clinical facilities (“Report of the AAMC Criminal Background Check Advisory Committee,” May 2006).

**Actions Taken**

Since adopting its policy to conduct national background checks on students who have been accepted (conditionally) to medical schools, the AAMC has initiated several actions to further its policy. This includes but is not limited to: 1) selected Certiphi Screening, Inc as the vendor to conduct AMCAS national background checks and 2) supported a pilot study with 10 participating schools to determine the viability of this service. The pilot study will begin with the AMCAS 2008 application year. (See Appendix A for a list of participating medical schools.); and 3) charged the AAMC Group on Student Affairs Committee on Admission to advise schools on “how to assess the data generated by criminal background checks once it is acquired. The committee has drafted a document that addresses key issues such as how to store, review and interpret data; how to communicate with applicants about the school’s requirements; and how to make decisions based on the information provided.” (“Applicant Criminal Background Check System Moves Forward,” AAMC Reporter: May 2007).

Depending on the results of the pilot study, a general release of a comprehensive criminal background check system for schools interested in participating is expected by mid-2008, for applicants to the 2009 entering class.
III. The Charge to CDMA

The AMSNY Board of Trustees requested CDMA to develop a set of recommendations as to whether the NYS schools should in fact perform criminal background checks (CBCs), and if a school chooses to do so, a guide for how the program should be structured. To prepare this report CDMA

1. Reviewed a variety of AAMC documents on criminal background checks (see reference section);
2. Collected data from schools that developed background check policies and procedures for implementing (Oregon, Ohio, Minnesota, Duke & Mississippi). This included discussing the impact of these policies and procedures with the appropriate persons at each school, except Duke and Mississippi;
3. Interviewed 12 CDMA members representing 12 out 15 consortium schools to ascertain his/her specific concerns, sensitivities, ideas about and recommendations for implementing criminal background checks; and
4. Reviewed 25 “Application for Licensure and First Registration” for content related to criminal charges, including New York’s. The applications represent those that are currently being used by members of the Federation of State Medical Boards.

The results of these activities are summarized in the next section.

IV. Results

1. AAMC Documents

A careful reading of documents prepared by AAMC suggests that the AAMC has engaged in a thoughtful process that involved a number of its constituent groups at various stages of its process including medical students. The documents acknowledged some of the controversies and challenges attendant to adopting and recommending the implementation of a national system of criminal back ground checks. The controversies include macro-level issues that is, conducting criminal back ground checks in the context of a criminal justice system that is not race or class blind may unfairly target members of underserved minority groups. Another expressed concern focused on the potentially negative impact CBCs may have on students exercising their rights to engage in acts of conscience—civil rights, antiwar, human rights or environmental protests. Since these activities could lead to arrests, CBCs could inhibit persons considering medical school from taking part in such activities for fear of having a criminal record.
Micro issues related to adopting a CBC policy and procedures that could accommodate state and local statues as well as the legal situation of each medical school. Other micro issues focused on technical challenges in implementing a CBC policy.

AAMC has taken a number of steps to address some of these concerns. To address the issue of different state and local statues of its diverse membership, Certiphi, the vendor hired by AAMC to conduct criminal background checks, will also contract directly with individual institutions. Schools will then have an opportunity to tailor the background check process to their particular legal and other circumstances.

In response to some concerns about implementation, the committee on admissions prepared a criminal background check “best practices” guidelines. The guidelines outline some of the tasks schools need to do to implement a CBC; it does not address the larger issue of adopting CBCs within an environment of a racially and class-biased criminal justice system. The document is located on a GSA private website (www.aamc.org/member/gsa/); an AAMC password is required to access this document.

AAMC has also prepared a document entitled “Background Check: Search by Search Description” that details specific records that will be searched to develop the criminal background history (see Appendix B). The reports will exclude criminal history in which the applicant:

1. was adjudicated as a juvenile;
2. was arrested but not charged;
3. was arrested and charged, but the charges were dropped;
4. was arrested and charged, but found not guilty by a judge or jury;
5. was arrested and found guilty by a judge or jury, but the conviction was overturned on appeal;
   or,
6. received an executive pardon.

However, as one might expect, at this stage of the process, the controversies continue.

2. Reports from schools that have implemented Criminal Background Checks

As noted, CDMA contacted primary sources directly involved in conducting CBCs at University of Minnesota Medical School, Ohio State University College of Medicine, Oregon Health Sciences University and Duke University School of Medicine to learn about their experiences. Duke did not respond to CDMA’s request. Consequently, information about Duke was taken from an AAMC document (Medical
Schools Seek Security of Student Background Checks. The University of Mississippi School of Medicine (UMSM) also has a criminal background check policy. Information about their policy was taken from (Medical School Preparation for CBC Implementation, The University of Mississippi School of Medicine).

University of Minnesota Medical School
The State of Minnesota statutes mandate that criminal background checks be conducted on all individuals that will have contact with patients before they are employed including medical students (144.057, Minnesota Statutes 2006). At the beginning of each school year students complete forms online that allow the State to determine whether they can work in clinical sites and provide the medical school with a signed release form to receive the report and release the information to its clinical sites. Students must have criminal background checks annually. This process is administered by the Department of Human Services (DHS). If a student is disqualified, DHS will notify the school; the student then has the right to request that the disqualification be reconsidered.

Ohio State University College of Medicine
Ohio State initiated its own self-disclosure and criminal background check policy and implemented it in August 2004. Applicants complete a “Student Self-Disclosure” form (see Appendix C) that is similar to the form required by the State Medical Board of Ohio and provide any needed documentation. A licensed counselor reviews the self disclosure forms and serves on the review committee. Background checks are conducted on applicants who have been interviewed and recommended for acceptance only. Applicants are notified of their provisional acceptance pending a criminal background check. Background checks were retroactively conducted on enrolled students beginning with fourth year students who were closest to working in clinical settings. Ohio State’s policy also includes obtaining psychiatric and drug use/abuse histories. Enrolled students are required to complete a self-disclosure form annually.

To protect students’ civil rights, and to avoid being accused of conducting a “witch hunt” for students with a criminal background or for denying entry based on past events, Ohio designed its system to be separate from any admission decisions. Ohio State also divides reported criminal background incidents into two categories: minor offenses and those that will disqualify students from participating in clinical sites. The hospital with which the school is affiliated also conducts its own background checks.

Ohio State indicated that it did not encounter any resistance from its students. Since its implementation, the self-disclosure forms have yielded one DUI, one bi-polar diagnosis; and, one criminal background
report came back positive. The report revealed a “taxi fare beating” incident, a $7 felony that was supposed to have been expunged from the records.

**Oregon Health Sciences University (OHSU)**

OHSU also implemented its background check on entering first year students in 2004 because background checks were required before students entered clinical sites. Students were added to the already existing practice of conducting criminal background checks annually on employees within the larger university community.

Students are notified at the application stage that OHSU requires criminal background checks; accepted students receive a criminal background check form which must be returned to the school. OHSU sends the forms to its Department of Public Safety which conducts the background checks and pays for them out of their budget. If an applicant is “red flagged, the report is sent to the OSHU for follow up. OHSU’s Director, Department of Public Safety recommended that someone with expertise in the criminal justice system or experience in understanding the information contained in criminal background check reports serve on the review panel.

**Duke University School of Medicine (Duke)**

Duke’s criminal background check policy is similar to Ohio State’s; it evaluates both misdemeanors and felonies. Hospitals affiliated with Duke require everyone who interacts with patients to undergo a background check. As of 2004, Duke did not find any discrepancies between information reported in the self-disclosure forms and the criminal background check reports (“Medical Schools Seek Security of Student Background Checks,” AAMC Reporter, October 2004).

**The University of Mississippi School of Medicine**

The University of Mississippi School of Medicine (UMSM) also has a criminal background check policy. Their experience in conducting CBC based finger prints for all interviewed applicants between 2004-2007, revealed that:

- CBCs will reveal criminal history for less than 3% of applicants
- Over 95% will be arrests for minor offenses including misdemeanors, many of which have been adjudicated (Medical School Preparation for CBC Implementation, The University of Mississippi School of Medicine)
UMSM recommends that schools considering implementing CBCs “should prepare now for CBC implementation in 2008” and create the infrastructure required to adopt this new system.

3. CDMA Interviews

To ascertain the specific concerns, sensitivities, ideas about and recommendations for implementing criminal background checks of CDMA members, individual interviews were conducted with 12 CDMA members representing 12 out 15 consortium schools. In one instance three people from one school participated in the interview. The comments that follow are those of the interviewees.

Comments

• We do not have a race neutral society; young people may have records due to being in the wrong place at the wrong time and not having the ability to plea bargain; must have a separate committee to review positive CBC reports and a minority affairs person must be part of that committee; we must develop a timeline for reviewing CBC reports and some kind of recourse for applicants.

• We are working within a system that has a higher rate of incarcerated males of color than white males; there is a higher intensity of patrolling in communities of color and poor communities where small infractions could become highlighted because persons do not have the means to access a good attorney. Any change must consider how long ago the infraction occurred. CBC may reveal mental issues but the person has not had contact with the criminal justice system. So, we should call this “a background check” not a criminal background check. There first needs to be a self-disclosure form so applicants can indicate if they have or have not had contact with the criminal justice system. I recommend that the medical school promotion and review board or an honor board review these reports and that there is diverse representation, including socioeconomic and race on the board.

• I am concerned about the impact CBCs will have on minority students who already face barriers to getting into medical schools. This could really hurt Black, Latino and poor students who do not follow the same pathways or have the resources as white and affluent students. Whatever is decided, I think that we need to ensure that persons who have experience with these students and who are sensitive to their situations serve on a review committee; it (review committee) should be separate from admissions.
• All schools with VA affiliations already conduct CBCs. AAMC has already decided to implement this policy, so I am not sure why we are doing this. Ten (10) schools are going to participate in an AAMC pilot study this year. Let’s just wait for those findings before we (consortium) do anything. We need to make sure that we have someone who is able to interpret CBC data, someone familiar with these kinds of reports and the criminal justice system. Let’s generate a list of concerns and develop an appeal process.

• How this information will be used is a major concern; is there a structure in place to handle this process; who is going to construct that format/infrastructure? Based on the AAMC recommendations, students will have to comply with schools. How much was AMSNY involved in AAMC decision? Another concern is will person “A” be treated like person “B”—we live in such a racist society. Must have CDMA or persons from minority affairs on review panels. I think we should wait until AAMC pilot study is completed and see where we go from there.

• I am concerned about the potential impact this policy will have on students of color; this is one more hurdle for African and Hispanic males. Unless schools are forced to follow a uniform set of guidelines, there will be inconsistencies in how the CBC is implemented. It’s important to have schools avoid defaulting to current systems in place that is, fingerprint and clerkship. I am concerned about how one maintains confidentially of information, how long it is kept and who has access to this information. I think we should wait for the findings from the pilot study which could tell us about the feasibility of conducting CBCs and reveal some surprises and things we haven’t thought about.

• The current trends show a decrease in Black males in medical schools. The CBC is an additional aspect that will narrow the chances of black males. We need to compare the life experiences of blacks with the general medical population; Blacks tend to be older with more life experiences and more chances to be in environments in which they have to struggle—communities, work. There isn’t a power force/structure that protects them; race matters; class matters. AAMC is building a policy that is based on few cases. I don’t think we (medical schools) have the system to take care of the problem; do not have the capacity to be fair to students. We would be better off if this [CBC] did not happen. There is going to be a large group that will not get a fair representation. How do we develop and institute something that protects this group—prevent
abuse and misuse of information. How long will this information be maintained and with whom will it be shared—other consortium members, other medical schools to which an applicant has applied? Can AAMC require schools to adopt this policy? There needs to be a timeframe for students to respond to findings. AAMC should develop a policy to protect students, especially vulnerable groups. Generally, admission has been tasked with reviewing applications. What kind of capacity and interest is there to add another layer of work? There is a high probability that it (CBCs) will not be done and done inconsistently. Need to wait for pilot study results and guidance from AAMC.

• We need to have a committee that is separate from admission review this information. There needs to be a law enforcement person who understands this information on the committee. My concern is that this will affect Black males and can be used to establish a double standard that will further hurt Black males. There needs to be a minority affairs person on the committee or some professional person of color. The review committee and the admissions office need to be educated – have some kind of training about reviewing and understanding the content of CBC reports. A one time offense committed at age 13 or 14 or 15 should not be included and used against an applicant. AMS should wait until AAMC issues its report and compare its concerns and findings with this (CDMA) report.

• We have to go ahead and get on board. This may give us a uniform way of looking at students. We should have a discussion about what is important in terms of offenses for undergraduates. We have to have a fair way of judging what each school is doing— have a level playing field.

• Will schools have an option about whether or not to participate in this or is this a done deal? How schools handle this is very important. We do not do CBCs but, several hospitals inquired about conducting them. This will certainly impact negatively on students of color who may have been stopped when they were very young and treated differently. We may have to have a larger admissions committee than we currently have to review these reports. If hospitals are insisting on this for rotations, we may have to do it. Perhaps, the discussion time is over, since GSA has expressed concerns about this issue. All of the consortium schools are a part of the AAMC; it is not as if schools will have a choice.
In summary, three recurring themes emerged from interviews with CDMA members: the potentially negative impact CBCs could have on African American and Latino males and students from economically disadvantaged backgrounds; the need to establish a panel to review reports that are “red flagged” that is separate from the admission committee and includes a representative from multicultural affairs; and the need to ensure the confidentiality of CBC reports and preventing the misuse of information.

4. Application for Licensure

Almost half of the state medical boards are empowered to require criminal background checks for licensure but, they don’t do it (Criminal Background Checks for Medical Students”, Michael A. Baker, MA; NAMME Northeast Region, April 19-22, 2007). The Federation of State Medical Boards (FSMB) recommends that state medical boards require criminal background checks on all applicants for training or full licensure (Federation of State Medical Boards). A review of twenty-five (25) state Applications for Licensure (AL) yielded the following:

• 22 AL focused on malpractice, admission or dismissal actions
• 22 AL included at least one question about criminal convictions; one AL questions related to previous denials of license or admission privileges or dismissals only; 3 States require the completion of fingerprint cards;
• 9 AL included questions about mental health history
• 16 AL included questions about alcohol, drug use, abuse and rehabilitation history
• The number of questions related to the above categories ranged from 1 (Mass.) to 10 (Washington State).
• NYS “Application for Licensure and First Registration” does not include questions about mental or physical disabilities or alcohol, drug use, abuse or rehabilitation.

Reviewing the above results suggest that the primary focus of the application is to identify issues related to malpractice, admission, third party reimbursement or dismissal; they revealed the existence of a degree of variability within the Federation of State Medical Boards applications in regards to the number of questions asked about criminal actions and mental health history. It would be important to ascertain the degree to which this variability reflects variability in different state laws and regulations. Moreover, tailoring a school’s self-disclosure form to that of its state’s medical board license application could lead to a discrepancy in what a student discloses and what is revealed in a criminal background report. For example, if questions about mental health are not included on the self-disclosure form but the CBC report...
reveals information about an applicant’s psychiatric history can the applicant be accused of withholding information.

V. Conclusion

To prepare this report, CDMA reviewed a variety of AAMC documents, interviewed contact persons at some schools that have already implemented CBCs, interviewed individual members of CDMA, reviewed twenty five (25) Federation of State Medical Boards member state Applications for Licensure and had lively debates about the implementation of CBCs and its potential consequences. In addition, a draft of the report was presented to the Medical Education Committee for review and comments (see Appendix D for MEC comments).

At the conclusion of the above process, CDMA remains deeply concerned that the CBC policy will be implemented in a national environment in which the criminal justice system is not blind and in which discrimination in the administration of justice falls disproportionately on racial and ethnic minority groups and poor people, especially African American and Hispanic American males. CDMA is concerned that the implementation of CBCs may add another barrier for a population that already faces barriers to entering the medical profession thereby further reducing the pool of African American and Hispanic males that apply to medical schools. These concerns are underscored by the fact that several CDMA members recounted stories about African American male juveniles who were caught up in the criminal justice system for being in the wrong place at the wrong time.

CDMA is not alone in its concern about the existing barriers to entering the medical profession that racial and ethnic minorities and poor students face. AAMC is also concerned, in general, about the increasing need for “a more diverse physician workforce.” In November 2006, AAMC launched a campaign to increase diversity in medicine—“The AspiringDocs.org Campaign”—which “seeks to encourage well-prepared African American, Hispanic/Latino and Native American college students from all undergraduate majors to pursue medicine as a career” (“AAMC Launches Campaign to Increase Diversity in Medicine”, press release, Washington DC, November 16, 2006). It should be noted that this new campaign was initiated almost at the same time that AAMC approved its national CBC policy (June 2006). CDMA hopes that the AAMC will monitor the impact of the CBC policy on the above groups. And share its findings with its constituent groups.
VI. Recommendations

Following an extensive review and discussion of materials presented, and considering the potentially negative impact implementing CBCs could have on poor students and racial and ethnically minority students, especially African American and Hispanic males, CDMA recommends that

1. AMSNY wait until the AAMC pilot study is completed and the results are disseminated before deciding to adopt and implement CBCs. Waiting for the results of the pilot study could

   • Reveal the feasibility of implementing CBCs
   • Reveal challenges and solutions schools encountered in implementing CBCs
   • Yield data about the number and racial/ethnic background of students flagged by CBCs
   • Reveal concerns of pilot schools that CDMA may not have identified
   • Provide information on how flagged applicants were adjudicated and
   • Provide a template for how to implement this practice.

If AMSNY decides to recommend the adoption of CBCs and, if individual schools elect to adopt CBCs, CDMA recommends that each school:

2. Consider the full range of issues involved in adopting a CBC policy and include its legal counsel in its discussions about implementing CBCs procedures.

3. Establish a special review panel/committee to review criminal background reports; this panel must be separate from admissions; the panel should include representatives from minority/multicultural/diversity affairs, when appropriate, a mental health expert, where available, someone with expertise in criminal justice/background checks and supported by a school’s legal counsel. When reviewing a flagged applicant from a racial and ethnic minority group or from an economically disadvantaged background, the panel should consider the discrimination in the administration of justice for individuals from these groups as well as the variability in definitions of crimes from state to state.

4. Provide education/training for persons reviewing criminal background information including its complexities and limitations as well as drawing upon a substantial body of literature on the continuing inequities in the application of justice in the United States.
5. Develop a fair, practical and timely process in which flagged applications are reviewed and applicants interviewed. After a careful and considered review of all materials in a manner consistent with each school's policies, procedures and standards, applicant should be informed of the panel’s decision.

6. Develop a timely appeal process for applicants who are “red flagged.”

7. Institute a system that will ensure that confidentiality is maintained including how long CBC information will be retained, who will have access to this information, how information will be maintained/secured and will CBC information be made available to other consortium schools to which applicant applied.

8. Develop a process to monitor, collect information about and review experiences with CBCs including the potential impact on the applicant pool and conducting a cost benefit analysis. This may require developing strategies in partnership with Pre-Health Advisors. Share this information among AMSNY consortium.
References


2. “About the AAMC-Facilitated Background Check Services”, AAMC Website, August 24, 2007.


7. “Background Studies.” Department of Human Services, Minnesota. Website, www.dhs.state.mn.us


11. “Medical School Preparation for CBC Implementation,” Steven T. Case, Ph.D., The University of Mississippi School of Medicine.


Appendix A

AAMC Background Check Service

“About the AAMC-Facilitated Background Check Service”
The Association of American Medical Colleges (AAMC) recommends that all US medical schools procure a national background check on applicants upon their initial, conditional acceptance to medical school. The rationale for performing criminal background checks on accepted medical school applicants is based on a number of issues, including

1. the need to enhance the safety and well-being of patients and, in so doing, to bolster the public’s continuing trust in the medical profession, and
2. to ascertain the ability of accepted applicants to eventually become licensed physicians.

In support of this recommendation, the AAMC has initiated an AMCAS-facilitated national background check service, through which Certiphi Screening, Inc. (a Vertical Screen® Company) will procure a national background report on applicants at the point of acceptance. In addition, beginning in May of each year, a national background report will be procured for a subset of applicants who are on a participating school’s alternate list; medical schools will not receive such reports until the point of acceptance. The AAMC has initiated this new service in order to recognize the desire of medical schools to procure appropriate national criminal history reports, and to prevent applicants from paying additional fees at each medical school to which they are accepted.

During the AMCAS 2008 application year, as we determine the viability of this new service, participating medical schools may continue to require applicants to undergo a separate national background check process, if required to do so by their own institutional regulations or by applicable state law. Many medical schools not participating in our new service during this first year may also require applicants to undergo a separate national background check process.

**Participating Medical Schools**

For the 2008 entering class, the following medical schools have agreed to participate in order to assist the AAMC with this new endeavor:

- Northwestern University - The Feinberg School of Medicine
- University of Mississippi School of Medicine
- University of Vermont College of Medicine
- UMDNJ--New Jersey Medical School
- The University of Toledo College of Medicine
- Morehouse School of Medicine
Background Check Details

Upon your initial, conditional acceptance by a participating medical school, or upon request by a participating medical school that adds you to its alternate list, Certiphi Screening, Inc. will send an email to the preferred email address you entered in your AMCAS application. More

See also: Participating Medical Schools
Appendix B

Background Check: Search by Search Description
Below you will find a search by search description of each check to be facilitated by the AAMC, and conducted by the AAMC's selected vendor, in support of the AAMC centralized criminal background check solution. Note that all criminal history searches will be conducted in order to collect criminal history including convictions and pending adjudications.

**Social Security Number Search**
A search of credit report header data to help confirm the applicant's identifying information such as name, aliases, address(es), Social Security Number and to determine areas of prior residence.

**County Criminal Records Searches**
A direct search of county courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.

**Statewide Criminal Records Search**
A search conducted through statewide criminal records repositories or court systems for any felony or misdemeanor criminal history.

**Federal Criminal Records Search**
A direct search of federal courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.

**National Criminal Database Search**
This search is an instant, multi-jurisdiction private database search covering more than 194 million criminal records collected from across the country. While the database does not contain information from all states, it is an excellent supplement to county, statewide and federal criminal searches. To ensure compliance with FCRA, all database “hits” are verified directly through the source of information to ensure that records reported are current and up-to-date.

**National Sexual Offender Database Search**
A search of a national private database which contains sex offender data collected from across the country. All records are researched to help ensure positive identification.

**US Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities Search**
A search of the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE), a database which provides information to the public, health care providers, patients, and others relating to parties excluded from participation in the Medicare, Medicaid, and all Federal health care programs.

**Search for Dishonorable Discharge from the Armed Forces**
Military records are verified through either telephone interviews with the subject’s former commander or by obtaining the applicant’s DD-214 form. Verification generally includes subject's name, Service Number, rank, dates of service, awards and decorations, and place of entrance and separation.

**International Screening**
International criminal records searches are generally performed by facilitating the applicant in obtaining an official Police Clearance or Police Certificate from the desired country. In those countries that have established third-party criminal records search facilities—including Canada and Great Britain—searches will be obtained directly through those channels.
Appendix C

Ohio State University Self-Disclosure and Criminal Background Check Policy
SELF-DISCLOSURE AND CRIMINAL BACKGROUND CHECK POLICY

Rationale

• Many hospitals, childcare facilities, and nursing homes now require criminal background checks of all people working in their settings due to state legislation and accreditation requirements. These institutions also require medical students to undergo a criminal background check before participating in any educational activities at their sites.
• It is in the best interest of the College of Medicine and Public Health to evaluate whether our students are fit to participate in patient care activities at participating institutions. Students with impairment due to substance abuse or a record of activity unsuitable for patient contact should not be placed in a patient care environment.
• Graduates of the College of Medicine and Public Health must apply for a medical training certificate (a temporary license to practice medicine) until they pass USMLE Step 3 and are eligible for regular licensure. These applications require self-disclosure of arrests, convictions, court appearances; psychiatric diagnosis, treatment, or hospitalization; medical conditions including drug addiction and alcoholism; use of any chemical substance, including prescribed medications, which may impair ability to practice; and illegal use of controlled substances. [See attached “Licensure of Chemically Impaired Resident Physicians”].
• Any criminal conviction or guilty plea which is related to substance use is deemed by the state medical board as indication of substance abuse. These types of convictions may appear on a criminal background check.
• Any evidence of substance abuse will prevent an applicant from getting a license to practice, even a temporary one, unless it is also accompanied by evidence of rehabilitation and ongoing sobriety through monitoring in a formal aftercare program.

Based on the requirements of affiliated healthcare institutions and the College’s desire to facilitate the ability of our graduates to ultimately become licensed physicians, a system of self-disclosure and criminal background checks will be implemented effective August 16, 2004.
Consequences to the student or applicant

The primary intent of this policy is to provide assistance to students or applicants who may have a criminal record due to substance use or abuse and who will need appropriate documentation to become licensed. An affirmative response to a self-disclosure item or the existence of a criminal record will not constitute an automatic bar to admission or patient care placement. Students and applicants will be required to provide documentation with court records, physician letters, treatment facility records, and other pertinent records. An individualized assessment will be performed and recommendations made. Refusal to complete the self-disclosure or to sign consent to conduct a background check will prevent the student from participating in any patient care activities. Inability to participate in patient care activities does not permit the successful completion of the curriculum at any stage. As such, students will not be eligible for admission, continuation in the curriculum, or graduation.

A student or applicant may be required to participate in evaluation, treatment, and aftercare with appropriate documentation maintained. Funds are available through the Associate Dean for Student Affairs to assist in evaluation and aftercare costs for matriculated students; treatment costs will be the responsibility of the student and the corresponding insurer. No funds are available for applicants who have not yet matriculated. Leaves of absence or deferred admission may be arranged for individuals requiring extended inpatient therapy.

Refusal to participate in evaluation or complete any subsequently recommended treatment may result in dismissal from the College. Relapse while in treatment or aftercare may result in dismissal from the College.

Documentation will be maintained by the College counselor in a private locked file. At the time of the student’s graduation, the documentation will be given to the student to be used in his or her application for licensure. According to the Association of American Medical Colleges, incidents which affect the education of the student or the time spent in medical school after matriculation must be reported in the Medical Student Performance Evaluation (Dean’s Letter) in Med 4.

The second intent of this policy is to assist institutions providing an educational site for our students. Some criminal offenses make it impossible for a student or applicant to participate in patient care
activities. These activities include, but are not limited to, sexual offenses, homicide or murder, abuse of at-risk populations (children, elderly, prisoners, patients), possession of child pornography, and possession of illegal substances with intent to sell. Inability to participate in patient care activities does not permit the successful completion of the curriculum at any stage. As such, students will not be eligible for admission, continuation in the curriculum, or graduation.

Students and applicants will be asked to self-disclose issues, followed by a criminal background check which may include fingerprinting. If the student does not disclose an item subsequently found on a background check, the student will be eligible for dismissal from the College. The cost of the background checks will be born by the College.

Admission to the College or receipt of an M.D. degree from the College does not guarantee that a state medical board will ultimately issue a license to an individual with a criminal record. The College will assist and counsel the individual to increase the likelihood of formal licensure but can not guarantee receipt.

**Process for students enrolled as of 8/16/2004**

Students will be asked to complete a self-disclosure form that is similar to the form required by the State Medical Board of Ohio and provide any needed documentation. One month after self-disclosure is requested, a criminal background check will be performed. The process will begin with Med 4 students and progress through the classes from Med 3, to Med 2, to Med 1. The checks will begin with the Med 4 class to permit the maximum amount of time for initiation of rehabilitation, if deemed necessary.

**Process for applicants after initiation of policy**

Applications will be processed and reviewed per the policies and practices of the Admissions Committee. If after an invited interview, an acceptance is granted, the applicant will receive a letter of provisional acceptance. Acceptance will be finalized after completion of the self-disclosure form, followed by its review and a subsequent background check. Each applicant will be evaluated individually and recommendations made.
Process for matriculated students after initiation of policy

Students will complete a self-disclosure form annually although students are strongly encouraged to disclose reportable events within 1-5 days of their occurrence so that assistance may be offered immediately. During May and June at the conclusion of Med 2 and prior to Med 3 required clerkships, students will be fingerprinted and a criminal background check conducted.
Student Self-Disclosure

Name: _______________________________________________

Date Completed: _______________________________________

Applicant

<table>
<thead>
<tr>
<th>Med 2</th>
<th>Med 3</th>
<th>Med 4</th>
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If you answer “YES” to any of the following questions*, you are required to furnish complete details, including date, place, reason and disposition of the matter. All affirmative answers must be thoroughly explained on a separate sheet of paper. Please note that some questions require very specific and detailed information. Make sure all responses are complete.

*These questions have been modified from the application for training certificate in medicine or osteopathic medicine from the State Medical Board of Ohio.

(Please place a √ in the yes or no box)

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<th>Yes</th>
<th>No</th>
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<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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</table>

1. Have you ever been convicted or found guilty of a violation of any law, regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? [Note: DUI is not considered a minor traffic violation.

Please be advised that you are required to submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

2. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? [Note: DUI is not considered a minor traffic violation.

Please be advised that you are required to submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

3. Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism? If yes, please explain.

If you answer “YES” to either question 4 or 5, please provide details on a separate sheet, including date(s) of diagnosis or treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, and the reason for treatment. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.
4. Within the last ten years, have you been diagnosed with or have you been treated for, bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

5. Have you, since attaining the age of eighteen or within the last ten years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

For purposes of questions 6 and 7 the “ability to practice medicine” is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

6. Do you have, or have you been diagnosed as having, a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? If yes, please explain.

   a. Are the limitations or impairment caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? If yes, please explain.

7. Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please explain.

   “Chemical substances” is to be construed to include alcohol, drugs, or medications including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

   a. Are the limitations or impairment caused by your use of chemical substances reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? If yes, please explain.
For purposes of question 8 the following phrases or words have the following meaning:

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a healthcare provider, or within the past two years.

“Illegal use of controlled substances” means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed healthcare practitioner.

<table>
<thead>
<tr>
<th>8</th>
<th>Are you currently engaged in the illegal use of controlled substances?</th>
</tr>
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<tbody>
<tr>
<td>a.</td>
<td>If “YES,” are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not using illegal controlled substances. If yes, please explain.</td>
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I warrant that all of the information that I have provided and the responses that I have given are correct and complete to the best of my knowledge and belief. I understand that willful falsification or willful omission of this information will be grounds for rejection or dismissal.

Signature

Office Use:  
Date Received

Additional Review Required  
Yes  No
Appendix D

Memo to Medical Education Committee and Medical Education Committee Comments on CBC Report
Memorandum

Date: September 15, 2007

To: Michael Reichgott, MD, PhD, Chair, Medical Education Committee

From: Gary Butts, MD, Chair
Committee on Diversity and Multicultural Affairs (CDMA)

Subject: CDMA Draft Criminal Background Check Report

In response to AAMC’s decision to approve an AAMC-administered national criminal background check system for applicants accepted into medical school, the Board of Trustees of AMSNY requested CDMA to develop a set of recommendations as to whether NYS schools should conduct criminal background checks (CBCs) and, if a school chooses to do so, a guide for how a CBC system could be structured.

We have prepared a draft report, which we are sending to you and the Medical Education Committee members for your review, input, suggestions, and recommendations before we finalize the report and submit it to the Board of Trustees in early October. To expedite the process, we have asked Nadine P. Gartrell, Ph.D., AMSNY staff to CDMA, to attend the committee meeting on 9/20 to record your comments for the report. We will send you a copy of the final report.

Please let me know if you have any questions. Thank you.
Medical Education Committee Comments on CBC Report

MEC began by saying that the CBC report is "excellent" and "thorough." There were a few comments but no clear recommendations. Their comments follow:

1. Since AMSNY cannot dictate that the schools adopt CBCs, it should be made clear/er that the recommendations are from AMS to individual schools.

2. Like the term "background check" instead of CBC particularly if the background check is going to include drug use, drug abuse and rehabilitation and mental health history.

3. A couple of members disagreed with CDMA’s recommendation that AMS wait until after the pilot studies before doing anything; schools should begin now to plan how they are going to implement this policy and can tweak their plans after the results of the pilot study.

4. Hospitals will be the driving force as to whether or not schools adopt CBCs. Should AMS be partnering with The Greater Hospital Association regarding this issue?

5. Each school will have to examine their local environment and set their policy/implementation accordingly.

6. An example was given of two students who were rejected by the VA, not for criminal violations, and the school placed them in other clinical settings. It was emphasized that each school will have to make an individualize assessment of every situation and should reserve the right to make the decision about which students they will and will not accept.

7. Federal laws protect mental health and disability disclosure; the issue of confidentiality.

8. Prospective students should be informed about the CBCs early in the application phase.
Appendix E

Associated Medical Schools of New York Member Institutions

1. Albany Medical College
2. Albert Einstein College of Medicine
3. Columbia University College of Physicians and Surgeons
4. Joan and Sanford Weill Cornell Medical College
5. Mount Sinai School of Medicine
6. New York College of Osteopathic Medicine
7. New York Medical College
8. New York University School of Medicine
9. Sophie Davis School of Biomedical Education at CUNY
10. Stony Brook University Medical Center
11. SUNY Downstate Medical Center
12. SUNY Upstate Medical University
13. Touro College of Osteopathic Medicine
14. University at Buffalo, SUNY School of Medicine and Biomedical Sciences
15. University of Rochester School of Medicine and Dentistry
Appendix F

Associated Medical Schools of New York Committee on Diversity and Multicultural Affairs Members

**Mount Sinai School of Medicine**
Gary Butts, MD (Chair)
Associate Dean for Multicultural Affairs and Director of the Center for Multicultural and Community Affairs

**Albert Einstein College**
Milton A. Gumbs, MD
Associate Dean, Office of Diversity Enhancement

Nilda I. Soto, MSEd
Assistant Dean, Office of Diversity Enhancement

**Columbia University College of Physicians and Surgeons**
Hilda Hutcherson, MD
Associate Dean, Office of Diversity

Richele Jordan-Davis, EdM
Assistant Dean, Office of Diversity

**Joan and Sanford Weill Cornell Medical College**
Carlyle Miller, MD
Associate Dean for Student Affairs and Equal Opportunity Programs

Elizabeth Wilson-Anstey, MA
Assistant Dean for Student Affairs

**New York College of Osteopathic Medicine**
Patricia A. Feemster
Director - Office of Equity & Opportunity

**New York Medical College**
Gladys Ayala, MD
Associate Dean, Student and Minority Affairs, Dean of Students

Joan June, MSEd
Assistant Dean, Minority Affairs

**New York University School of Medicine**
Mariano Rey, MD
Senior Associate Dean for Community Health & Research

Mekbib Gemeda
Assistant Dean, Office of Diversity Affairs and Community Health
Sophie Davis School of Biomedical Education
Dani McBeth, PhD
Associate Dean for Student Affairs, Interim Associate Dean for Education and Student Affairs

Stony Brook University Medical Center
Aldustus Jordan, PhD
Associate Dean for Student and Minority Affairs

SUNY Downstate Medical Center
Constance Hill, MD
Associate Dean for Minority Affairs

Touro College of Osteopathic Medicine
Bruce Peters, DO
Clinical Dean

University at Buffalo, SUNY School of Medicine & Biomedical Sciences
David Milling, MD
Assistant Dean for Multicultural Affairs

University of Rochester School of Medicine & Dentistry
Gladys Pedraza-Burgos, MS
Director of Educational, Curricular & Diversity Affairs and Co-Director, Center for Advocacy, Community Health, Education and Diversity (CACHED)