

Understanding of Required Criminal Background Check

I _____, prospective Medication Aide student, understand that I am required to complete and pay for a Texas Department of Public Safety (DPS) fingerprint criminal background check to determine my eligibility to take the Medication Aide examination.

I also understand that I may request a Criminal Background Check Evaluation Letter from Texas Health and Human Services Commission (HHSC) prior to enrolling in a training program to determine if I am eligible for a permit. I understand that the Evaluation Letter will not address all exam eligibility requirements and is not a guaranty of eligibility.

In addition, I understand I must request the criminal background check through DPS at https://www.dps.texas.gov/administration/crime_records/pages/FASTSubLoc.htm.

Signature of Prospective Medication Aide Student

Date

Training Program Name: _____