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**Group on Student Affairs Recommendations
regarding
Criminal Background Checks
for
Medical School Applicants**

Issue: During the past year, numerous medical schools have sought guidance from the AAMC as their state legislatures have considered legislation requiring criminal background checks for medical students, or as their affiliated hospitals have considered policies requiring criminal background checks for medical students completing clinical rotations at their facilities.

Background: In ongoing consultation with representatives of the five components of the student affairs community during the past several months, the GSA has developed a comprehensive report regarding the various issues facing medical schools as they consider requiring criminal background checks for applicants accepted to medical school and/or enrolled medical students. The report follows.

The three major bases for these recommendations are the:

- safety and well-being of patients
- ability of accepted applicants and enrolled medical students to become licensed as physicians
- liability issues affecting medical schools and their affiliated clinical facilities.

Recent reports indicate that approximately 22 medical schools require criminal background checks for medical students or will require them for students entering in the fall of 2005, and that two-fifths of state medical licensing boards currently require, or can require, criminal background checks for all or some applicants for licensure.

The GSA Steering Committee has approved recommendations 1 through 16.

Recommendations: That the Executive Council approve Recommendations 1 through 16 for distribution to member medical schools.

The GSA recommends that:

1. A criminal background check be completed on all applicants accepted annually to medical school entering classes.

2. The criminal background check be initiated at the time an applicant is first accepted to a medical school or at the request of a medical school admissions officer regarding (a) wait-listed applicant(s).
3. The criminal background check not be a component of the application, interview, or decision-making process for medical school. It should be a mandatory component of the post-acceptance matriculation process. The letter sent by the medical school to each accepted applicant (and, at times, to selected wait-listed applicants) should, therefore, include information about this requirement, with the contingency that the final decision about medical school matriculation will be made after institutional review of the accepted applicant's criminal background check report.
4. Appropriate authorization, with pertinent identifying information necessary to initiate the check, be received from each accepted applicant prior to initiating a criminal background check. This authorization should inform the accepted applicant that he/she will have access to criminal background check data about him/her to ensure the accuracy of the criminal background check report.
5. The criminal background check be performed at a national level, ideally through a contract developed and maintained by the Association of American Medical Colleges (AAMC), perhaps under the auspices of the AAMC Section for Medical School Application Services. This approach would likely be more cost-effective for applicants and schools, and would likely produce more consistent and comprehensive results, than an individual school approach.
6. Ultimate decisions about the matriculation of an accepted applicant whose criminal background check reveals information of concern be made by an official of the medical school or an appropriately constituted committee, based upon institutional policies and procedures developed and approved in accord with institutional standards. In developing these policies and procedures, schools should take into account the requirements of affiliated clinical facilities and other educational sites where students might be trained.
7. No information derived from a criminal background check automatically disqualify any accepted applicant from medical school matriculation. A final decision about matriculation should be made only after a careful review, based on institutional policies and procedures, of the individual's application file, including information from the criminal background check. Factors involved in this final decision should include, but may not be limited to:
 - the nature, circumstances, and frequency of any offense(s)
 - the length of time since the offense(s)
 - documented successful rehabilitation
 - the accuracy of the information provided by the applicant in his/her application materials.

8. Each medical school receive a full report of all information produced by the criminal background check to the extent permitted by state law (rather than, for example, only the results of an algorithm).
9. Schools develop guidelines, in collaboration with the institutional general counsel, regarding the handling of information generated by criminal background checks on matriculants and accepted non-matriculants, once that information has been used for its intended purpose(s). These guidelines should address:
 - the need to maintain the confidentiality of any information in these reports that is unrelated to decisions about admission and continued enrollment
 - the institution office in which this information should be maintained
 - the fact that the information in criminal background check reports should not be used in a discriminatory manner as defined by state and federal law
 - the disposition of the information after the purpose(s) for which it was collected has been served.
10. These criminal background checks include, as data are accessible and to the extent permitted by state law:
 - a determination of past areas of residence
 - a search, based on areas of prior residence, at the local (county) level
 - a sex offender search
 - a search for dishonorable discharge from the Armed Forces.
11. These criminal background checks involve, as relevant data are accessible and to the extent permitted by state law:
 - all levels of criminal offense (e.g., felonies, misdemeanors)
 - all types of adjudications (e.g., conviction, null prose)
 - all legal processes not yet resolved (e.g., those pending court disposition, unresolved bench warrant, failure to appear in court)
 - all types of offenses (e.g. crimes involving weapons, violence, theft, burglary, drugs, sexual activity, DUI, worthless check, contributing to a delinquency of a minor, abuse, false financial statement, gang activity, etc.).
12. In view of the range of ages of accepted applicants, criminal background checks not be limited to a specific time period.
13. The GSA develop guidelines for medical schools' use of data from criminal background checks, including definitions of relevant legal terminology, and these guidelines take into account those societal issues relating to the administration of justice in the United States for persons from minority and financially disadvantaged groups.
14. School policies and decisions about the initial matriculation of applicants and continued enrollment of students with documented criminal convictions be developed and implemented separately from policies and decisions about the matriculation and enrollment of students with psychiatric and other medical conditions and with various

indices of disability. The basis for decisions in these specific areas can be quite different, and access to the data affecting decisions in these disparate areas can differ substantially because of relevant state and federal laws.

15. The GSA work closely with the AAMC governance and AAMC staff in developing recommended implementation strategies regarding criminal background checks for consideration by medical schools, as well as in developing information and resources for potential applicants, applicants, and their health professions advisors (e.g., with the National Association of Advisors for the Health Professions).
16. The AAMC should facilitate a national dialogue among important stakeholders concerned with this issue, including state medical licensing boards, the Department of Veteran Affairs, and organizations representing American hospitals. The agenda for these discussions should relate to the types of information in a criminal background check that could potentially disqualify an individual from access to clinical training sites and/or result in ineligibility for future medical licensure, with a goal of providing sufficient clarity to guide applicant and school decision-making.

Questions for Discussion: That the Executive Council provide feedback on the following issues to guide further study by the GSA and the AAMC:

1. In which medical school office should criminal background check data be housed?
2. Which institutional officials should have access to criminal background check data? For example, an individual with a drug conviction is currently not eligible for federal financial aid. The following statement is made on the Free Application for Federal Student Aid (FAFSA), with more specific questions that follow if a “yes” response is given: “A federal law suspends federal student aid eligibility for students convicted under federal or state law for possession or sale of illegal drugs (not including alcohol or tobacco).” Therefore, as an example, should the admissions officer notify the financial aid officer of any relevant criminal background check information?
3. How should medical school standards for admission relate, vis-à-vis criminal background check data, to standards for licensure in that state? More specifically, should a school impose a stricter requirement for admission to its medical education program than the state imposes for medical licensure in that state?
4. Should the criminal background check include a “prohibited parties search” (for terrorists)?
5. Access to expunged and juvenile legal records reportedly differs from state to state. If such data were to be available, should such data be included in the criminal background check and in decisions about the matriculation of accepted applicants?

6. Should criminal background checks include fingerprinting and/or a search for revocation of a professional licensure?

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