

# **Examining Background Check Barriers for Undocumented Students in Nursing**

## **Clinical Programs**

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Capstone

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## **Abstract**

Undocumented nursing students in Colorado encounter persistent barriers to completing required clinical placements due to background check systems that mandate a Social Security Number (SSN), effectively excluding individuals who use Individual Taxpayer Identification Numbers (ITINs). Although state legislation such as SB21-199 and SB21-077 has removed SSN requirements for licensure applications, many nursing programs and clinical sites continue to rely on third-party vendors that do not accommodate name and fingerprint-based background checks, creating a critical disconnect between policy and practice. This capstone project utilized a mixed-methods approach, combining stakeholder interviews with nursing program directors, healthcare administrators, and community members, as well as a comparative policy analysis across states with more inclusive identification policies, including California and Illinois. The findings reveal that institutional hesitation, legal ambiguity, and liability concerns contribute to the continued exclusion of undocumented students from clinical settings, despite the absence of federal regulations requiring SSNs for background checks in educational contexts. Stakeholders identified opportunities for reform through the revision of MOU language, clearer guidance from

legal and compliance teams, and advocacy by community-based organizations such as Juntos Community and Pre-Health Dreamers. These barriers to clinical education limit economic advancement and perpetuate racial and immigration-based disparities in the healthcare workforce. As a result, the exclusion of undocumented students has far-reaching implications for health equity, particularly in under-resourced communities that would benefit from a more diverse and representative workforce. This project concludes that removing the requirement for a SSN into background check systems is essential to advancing inclusive nursing education, supporting upward economic mobility, and improving long-term health outcomes through equity-driven workforce development.

## **I. Introduction**

### **Understanding the Nursing Shortage in Colorado and the Role of Immigrant Professionals**

Colorado is currently grappling with a significant nursing shortage, a challenge that has been intensifying due to various factors. Projections indicate that by 2026, the state will face a deficit of approximately 10,000 registered nurses, exacerbating the existing strain on the healthcare system (Romig, 2023). Several factors contribute to the nursing shortage, including the retirement of aging nurses, increased healthcare demands from a growing population, and the lingering effects of the COVID-19 pandemic, which have led to heightened burnout and workforce attrition (American Association of Colleges of Nursing [AACN], 2024).

In this context, Deferred Action for Childhood Arrivals (DACA) recipients represent a crucial portion of the healthcare workforce. As of June 2022, Colorado was home to approximately 13,180 active DACA recipients, with a significant portion residing in the Denver-metro area (Covering Kids and Families, 2022). Nationally, an estimated 27,000 DACA recipients are employed in healthcare roles, including positions as doctors, nurses, and support staff (American Medical Association, n.d.).

The Deferred Action for Childhood Arrivals (DACA) program has undergone extensive judicial scrutiny, leading to significant uncertainty for its recipients. In June 2020, the U.S. Supreme Court ruled in *Department of Homeland Security v. Regents of the University of California* that the Trump administration's attempt to rescind DACA was "arbitrary and capricious," thus violating the Administrative Procedure Act (APA) (Department of Homeland Security v. Regents of the Univ. of Cal., 2020). This decision temporarily preserved the program but did not preclude future attempts to terminate it through proper administrative procedures. Subsequently, in July 2021, U.S. District Judge Andrew Hanen declared the original 2012 DACA memorandum unlawful, citing procedural deficiencies under the APA, and halted the approval of new applications while allowing renewals to continue (U.S. District Court for the Southern District of Texas, 2021). The Department of Homeland Security (DHS) responded by issuing a final rule in 2022 to address these procedural concerns. However, on January 17, 2025, the Fifth Circuit Court of Appeals ruled that significant portions of the DACA program, including work authorization, were inconsistent with the Immigration and Nationality Act, rendering them unlawful, though it permitted the continuation of renewals for existing recipients (U.S. Court of Appeals for the Fifth Circuit, 2025). As of April 2025, the U.S. Citizenship and Immigration Services (USCIS) continues to process DACA renewal requests but is not

processing new initial applications due to the ongoing legal injunction (USCIS, 2025). The case may advance to the U.S. Supreme Court, potentially providing a definitive ruling on the program's legality. Meanwhile, DACA recipients continue to experience professional and personal instability due to the uncertain future of the program.

While this analysis centers on undocumented professionals rather than DACA recipients, it is crucial to acknowledge that healthcare professionals with current work authorizations risk losing them if the Supreme Court deems the program unconstitutional. This risk also extends to individuals with temporary statuses, such as Temporary Protected States (TPS) or visa holders. The potential loss of work authorization could further exacerbate the nursing shortage by creating additional employment barriers for these professionals due to their legal status.

### **The Global Talent Task Force and the Exclusion of Undocumented Professionals**

The Global Talent Task Force (GTTF) was established through Colorado Senate Bill 22-140 to examine and recommend policies that facilitate the integration of internationally trained professionals (ITPs) into Colorado's workforce. Led by the Office of New Americans (ONA), the task force seeks to reduce systemic barriers that prevent skilled immigrants from working in their trained fields. The final report identifies key challenges, including credentialing, licensure, work-based learning, cultural responsiveness, language access, and financial barriers (Global Talent Task Force, 2023). Recognizing Colorado's skilled worker shortage, the GTTF report proposes solutions such as expanding apprenticeship opportunities, improving language access, increasing funding for credential evaluations, and ensuring diversity on state licensing boards to better reflect the state's immigrant communities.

### **Systemic Exclusion of Immigrants Without Social Security Numbers (SSNs)**

Although the GTTF report aims to promote immigrant workforce inclusion, it excludes undocumented immigrants who lack work authorization. The report focuses solely on work-authorized immigrants, disregarding the fact that many undocumented individuals possess advanced skills and education but remain unable to legally work in regulated fields (Global Talent Task Force, 2023). Several factors contribute to this exclusion:

1. **Lack of Consideration for ITIN Holders** – The report does not acknowledge Individual Taxpayer Identification Number holders, many of whom are undocumented but contribute to the economy through self-employment and entrepreneurship.
2. **Regulatory Emphasis on State Licensure** – By prioritizing state licensing and credentialing requirements, the report fails to address the legal work authorization barriers that prevent undocumented professionals from obtaining these credentials. The report does not explore entrepreneurship as an alternative pathway for undocumented individuals who are unable to work legally in traditional employment settings.
3. **SSN Requirement for Background Checks in Healthcare Professions** – The report does not address the barriers posed by Social Security Number requirements for background checks in clinical settings, that are needed for fields such as nursing and allied health fields. Many clinical training programs and licensing boards require background checks as part of accreditation and certification processes, often making an SSN a prerequisite for participation. This requirement automatically excludes undocumented healthcare professionals, even if they possess the necessary skills, education, and training.

## Statement of the Problem

As Colorado faces a projected shortage of registered nurses, institutions must explore strategies to expand and diversify the healthcare workforce. Yet, undocumented students, many of whom are otherwise eligible for licensure under Colorado Senate Bill 21-077, continue to face exclusion from clinical training due to background check procedures that require a Social Security Number (Colorado General Assembly, 2021). These requirements create significant structural barriers for students who use Individual Taxpayer Identification Numbers, preventing them from fulfilling mandatory clinical education requirements necessary for graduation and licensure.

This capstone hypothesizes that SSN-based background checks serve as a systemic barrier that limits undocumented students' participation in clinical training, thereby restricting their pathway into the healthcare workforce. Guided by this hypothesis, the primary research question explores:

1. How do SSN-based background checks affect undocumented students' participation in clinical training?
2. What alternative verification processes could satisfy legal and institutional background check requirements without the use of SSNs?
3. The lived experiences of students navigating these barriers
4. How can institutions with inclusive policies manage accreditation and compliance concerns?

The objectives of this research are to: (1) identify the extent of SSN-related barriers in healthcare education; (2) examine inclusive policy alternatives, such as the removal of SSNs for

verification, that uphold both legal and accreditation standards; and (3) offer actionable recommendations for institutions and policymakers to promote equitable access.

## **II. Literature Review**

### **Undocumented Students in Healthcare and Nursing Education**

Undocumented students represent an emerging yet often overlooked population within healthcare education. An estimated 427,000 undocumented students are enrolled in postsecondary institutions (American Immigration Council, 2023). Of these, many pursue careers in healthcare, including nursing, drawn by both the promise of job stability and the desire to serve their communities (New American Economy, 2021). However, despite growing interest in diversifying the healthcare workforce, undocumented students face disproportionate barriers in accessing and completing healthcare training programs, particularly those involving clinical placements.

Several studies have documented how legal status affects access to nursing and allied health programs. According to Gonzales et al. (2019), undocumented students enrolled in healthcare fields often experience heightened anxiety, financial insecurity, and institutional exclusion, which collectively hinder academic progression. Nursing programs, in particular, require a sequence of clinical experiences in hospitals or other care settings, but these placements typically involve background checks that demand a Social Security Number. This requirement systematically excludes students who only possess an Individual Taxpayer Identification



Number, even when state policy allows them to pursue licensure (Presidents' Alliance, 2024; CLINIC, 2019).

## **Social Determinants of Health and Structural Exclusion**

The exclusion of undocumented students from clinical training and licensure reflects broader structural inequities shaped by social determinants of health (SDOH). These determinants, which include access to education, legal status, economic security, and social inclusion, fundamentally shape both health outcomes and professional opportunities (Centers for Disease Control and Prevention [CDC], 2022). Artiga and Ubri (2017) emphasize that undocumented individuals face restricted access to healthcare, housing instability, and wage suppression. Factors that also affect their ability to persist and thrive in higher education settings. Bazo Vienrich and Torres Stone (2022) further demonstrate that undocumented Latino students experience prolonged economic precarity, reduced social mobility, and chronic psychological stress due to systemic barriers in education and employment. Their study highlights how lack of legal status and exclusion from institutional resources intensify mental health challenges and create cumulative disadvantages over time. These conditions directly undermine health equity and the social determinants of health by preventing access to stable professional careers like nursing, which are critical pathways to economic stability and well-being.

## **Undocumented Healthcare Worker Contributions**

Despite these obstacles, undocumented individuals, especially DACA professionals, have already made significant contributions to the healthcare workforce. Nationally, approximately

27,000 DACA recipients work in health-related roles, including as nurses, physicians, and support staff (American Medical Association, 2023). However, the future of these workers remains uncertain as DACA faces legal instability, and no permanent pathway to citizenship or licensure exists for undocumented individuals outside of temporary relief programs.

Research indicates that undocumented healthcare workers frequently serve in linguistically and culturally concordant roles, helping to fill care gaps in medically underserved communities. Their ability to communicate effectively with patients and understand cultural nuances is essential to reducing disparities in access and treatment (CDC, 2022). During the COVID-19 pandemic, many undocumented individuals worked on the frontlines as nursing assistants, home health aides, and support staff. Despite their critical roles, they were systematically excluded from federal relief efforts, including hazard pay, healthcare coverage, and labor protections (American Progress, 2020). These inequities underscore the urgent need to integrate undocumented healthcare students and workers into licensure pipelines and workforce development strategies that value equity, resilience, and representation in public health systems.

### **III. Methodology**

This capstone project employed a community-informed, policy-driven methodology to examine the structural barriers that undocumented students face in accessing clinical training within healthcare education programs, with a particular focus on Social Security Number-based background check requirements. Rather than engaging in formal human subjects research, this project drew on qualitative insights from informal conversations with affected community members and institutional stakeholders. These discussions are presented not as data collection

for generalizable research, but as community feedback intended to inform equity-oriented policy analysis and institutional recommendations.

Feedback was gathered through one-on-one, consultative conversations with undocumented students pursuing nursing and allied health degrees, faculty responsible for coordinating clinical placements, higher education administrators managing compliance with licensure and accreditation policies, and staff engaged in supporting immigrant and mixed-status students. These conversations offered critical insights into how background check policies are understood and applied within institutions, and how they affect undocumented students' progression through healthcare education. While guided by consistent themes, the conversations remained open-ended and flexible, allowing participants to reflect on their experiences, institutional constraints, and ideas for reform.

To complement these community-centered perspectives, this project also incorporated a targeted policy analysis to examine the legal and regulatory frameworks that shape background check procedures and licensure pathways across states and institutions. The analysis reviewed publicly available state legislation, such as Colorado Senate Bill 21-077 and California Senate Bill 1139, as well as licensure regulations from state nursing boards, and documentation from background check vendors. This review explored whether institutions enforce SSN requirements strictly, whether alternative identity verification methods are permitted, and how state policy aligns, or fails to align, with institutional practices.

By employing a comparative policy lens, this analysis identified areas of legal flexibility, promising practices, and inconsistencies in implementation. In particular, the analysis highlighted institutions and jurisdictions that have operationalized inclusive policies by utilizing

fingerprint-based checks. When considered alongside the community feedback, these findings reveal both the structural challenges and the institutional opportunities for creating more equitable pathways for undocumented students in healthcare education. This dual approach aligns with equity-based public health research frameworks, which emphasize the value of participatory input and systemic critique. It ensures that the final recommendations are informed by both those most affected by exclusionary practices and by the institutional and legal systems that sustain them.

#### **IV. Community Outreach Findings & Discussion**

The findings from this capstone project are drawn from a qualitative thematic analysis of informal, community-informed conversations with undocumented students, nursing faculty, clinical placement coordinators, and higher education administrators. The purpose of these conversations was to identify structural and procedural barriers undocumented students encounter in accessing clinical placements within healthcare education programs, particularly those related to background checks requiring a Social Security Number.

All conversations were guided by a set of exploratory prompts and synthesized using an inductive coding process. Recurring patterns were categorized into six major themes that reflect shared concerns and experiences across stakeholder groups. To protect the privacy and safety of participants, especially given the heightened scrutiny and anxiety surrounding immigration issues, the number of interviews conducted and the names of all institutions, students, and administrators involved in this study will remain anonymous.

## **Theme 1: Exclusion and Preemptive Discouragement from Nursing Programs Due to Background Check Ineligibility**

Participants described instances in which students were dismissed from nursing programs or denied clinical placements after being unable to pass SSN-based background checks. These students had often progressed well into their academic programs before receiving confirmation that their immigration status disqualified them from clinical eligibility. This theme also was centered on the discouragement undocumented students received from faculty, advisors, or peers when expressing interest in healthcare careers. Both students and higher education administrator participants noted that students were often steered away from nursing programs based on assumptions that clinical participation or licensure would be unattainable due to their lack of social security number. While such guidance may have been intended to protect students from future disappointment, it functioned as a gatekeeping mechanism that deterred participation and reinforced educational inequities.

## **Theme 2: Institutional Ambiguity and Perceived Administrative Burden of Policy Reform**

Stakeholders, particularly nursing program advisors, expressed significant uncertainty regarding the legal necessity of Social Security Numbers for student clinical placements. Many were unclear about why clinical sites required SSNs and whether alternative forms of identification could satisfy background check requirements. Conversations with background check vendors clarified that these identification requirements are not determined by law, but

rather set by individual clinical sites, with vendors merely implementing the policies specified by their partners. Notably, vendors confirmed that background checks can be performed using alternative forms of identification to complete the background check. However, this flexibility has not translated into widespread institutional practice. In the absence of centralized guidance or a standardized regulatory framework, most institutions default to conservative interpretations of compliance, resulting in inconsistent implementation and limited efforts to explore more inclusive pathways for undocumented students.

This uncertainty is compounded by administrative resistance to change. Participants noted that proposed reforms, such as renegotiating vendor contracts or adapting background check protocols, were frequently viewed as burdensome from both operational and financial perspectives. Yet, these concerns were largely speculative, as institutions did not present concrete cost assessments or feasibility analyses to justify maintaining exclusionary policies. Instead, perceived risk, institutional inertia, and a lack of clear direction contributed to a reluctance to innovate. As a result, undocumented students often remain excluded from clinical placements, not due to legal restrictions, but due to organizational hesitancy and a lack of proactive engagement with more equitable alternatives.

Finally, stakeholders highlighted that many institutions already rely on the same third-party vendors to conduct background checks for both employee onboarding and student clinical clearance. This existing integration indicates that institutions possess infrastructure that could be adapted to accommodate alternative identification methods. However, these systems have not been optimized for use by students without SSNs, despite their functionality for non-student personnel such as contractors or volunteers. Leveraging this infrastructure more intentionally could offer a pragmatic entry point for reform. One that does not require wholesale

systemic overhaul, but rather strategic realignment of existing tools and policies to promote access and equity.

### **Theme 3: Anxiety Around Medicaid and Medicare Compliance**

Institutional stakeholders had a pervasive apprehension regarding the placement of undocumented students in clinical settings affiliated with federal healthcare programs, such as Medicaid and Medicare. This concern is rooted in the belief that involving undocumented students in such settings could potentially jeopardize institutional compliance or result in the loss of federal funding.

Participants noted that there was no clear guidance as to whether federal regulations prohibited the participation of undocumented students in clinical placements at facilities receiving federal healthcare funds. The current political climate has fostered a heightened sense of vulnerability among educational institutions. The fear of non-compliance with evolving federal regulations, potential loss of funding, and association with immigration enforcement activities discourages institutions from exploring inclusive practices for undocumented students.

This climate of uncertainty and fear has led to risk-averse decision-making, with institutions often defaulting to conservative interpretations of compliance requirements. As a result, undocumented students are frequently excluded from clinical placements, not due to legal restrictions, but due to organizational hesitancy and a lack of proactive engagement with more equitable alternatives.

## **V. Policy Analysis**

### **Federal Regulations on SSN Disclosure**

Through extensive policy analysis, I was unable to identify a federal law that categorically mandates the disclosure of a Social Security Number for nursing students to participate in hospital-based clinical training. While many clinical sites and educational institutions routinely request SSNs as part of background check procedures and credentialing processes, this practice is often institutional or state-driven, rather than federally mandated.

The primary federal statute governing the collection and use of SSNs is the Privacy Act of 1974, specifically Section 7 (5 U.S.C. § 552a note). This provision prohibits federal, state, and local government agencies from denying an individual any right, benefit, or privilege for refusing to disclose their SSN unless the disclosure is required by federal statute or was previously required under statutes or regulations in effect before January 1, 1975 (U.S. Department of Justice, 2020). Importantly, the Act requires any agency requesting an SSN to inform the individual of the statutory authority for the request, whether the disclosure is mandatory or voluntary, and how the SSN will be used.

In the context of clinical placements, nursing students are often required to undergo background checks to ensure patient safety and comply with institutional risk management standards. Many background check systems in the U.S. are built around the use of SSNs as a unique identifier, which has led to the common, though not federally mandated, practice of requiring SSNs for students in healthcare programs (National Council of State Boards of Nursing [NCSBN], 2022). Additionally, some clinical sites may implement SSN requirements to align



with state licensing board protocols or hospital credentialing procedures, though these vary significantly by jurisdiction and are not grounded in federal law.

Educational privacy protections under the Family Educational Rights and Privacy Act (FERPA) also regulate the handling of personally identifiable information (PII), including SSNs. FERPA prohibits the disclosure of a student's SSN without written consent, unless the information is shared with school officials with a legitimate educational interest (U.S. Department of Education, 2021). However, FERPA does not mandate that students provide SSNs; it only governs how such information is stored and disclosed.

Moreover, while HIPAA (Health Insurance Portability and Accountability Act) governs the protection of patient health information, it does not impose a requirement on students to disclose SSNs. Instead, HIPAA becomes relevant when students engage in clinical environments where they may access protected health information (PHI); students must adhere to HIPAA training and confidentiality standards, regardless of their SSN status (HIPAA Journal, 2023).

For students without an SSN, such as undocumented individuals, there is no federal prohibition preventing participation in clinical education. However, institutional policies may not yet be equipped to process alternative identifiers despite no federal barrier to doing so. Advocates have called for policy reforms at the state and institutional level to remove the requirement for a SSN for purposes such as background checks and credentialing (Pre-Health Dreamers, 2022).

## State Regulations on SSN Disclosure

In recent years, several states have enacted legislation to eliminate immigration and citizenship status as barriers to professional licensure. These reforms have expanded access for individuals who use an Individual Taxpayer Identification Number instead of a Social Security Number, particularly in health-related fields such as nursing. However, despite these inclusive policies at the licensing level, many students still face significant challenges during clinical placements, where requirements are often dictated by individual hospital policies rather than state law.

**California** led early efforts with Senate Bill 1159 (2014), which requires licensing boards under the Department of Consumer Affairs to accept an ITIN in place of an SSN (California State Legislature, 2014). This policy applies to numerous professions, including nursing. Yet, it does not extend to hospital credentialing systems, which may still enforce SSN-only requirements for background checks or administrative processing.

**Colorado** has made substantial progress through SB21-077 and SB21-199, which removed lawful presence and SSN requirements across many professional and occupational licenses (Colorado General Assembly, 2021a; 2021b). While these laws create new opportunities for undocumented students at the licensure stage, they do not regulate clinical site practices, leaving a major gap in equitable access to training pathways.

**Illinois** addressed immigration-related discrimination with Senate Bill 3109 (2018), which prohibits the denial of professional licenses based solely on an applicant's immigration or citizenship status (Clinic Legal, 2020). The law allows for the use of an ITIN in place of an SSN,

but like other states, it does not include mandates for clinical training sites to revise exclusionary administrative procedures.

**Nevada's** Assembly Bill 275 (2019) similarly removed citizenship requirements for licensure across various professions. Although this opens the door to more diverse applicants, clinical placements continue to be governed by institutional policy rather than state legislation, often perpetuating SSN-based barriers (Clinic Legal, 2020).

**Maryland** took an important step in 2023 by allowing ITINs for nursing licensure applicants, explicitly providing an alternative to SSNs through the Maryland Board of Nursing (Maryland Board of Nursing, 2023). Still, there is no corresponding statewide guidance requiring clinical sites to remove the requirement for a SSN or modify background check protocols.

**Vermont**, through legislation enacted in 2023, extended licensure eligibility to individuals regardless of legal status, allowing ITINs to be used in over 100 licensed professions (Associated Press, 2023). However, as in other states, access to clinical training is still subject to the policies of individual facilities, which may not reflect the state's inclusive licensing framework.

While these states have taken commendable steps to ensure licensure access for individuals regardless of immigration status, institutional control over clinical site credentialing presents a persistent obstacle.

## **Hospital Compliance and Student Participation**

Hospitals that participate in Medicare and Medicaid programs are required to follow the Conditions of Participation (CoPs) established by the Centers for Medicare & Medicaid Services (CMS), codified under 42 C.F.R. § 482 (Centers for Medicare & Medicaid Services [CMS],

2022). These regulations set standards for patient care, hospital administration, and operational protocols. However, the CoPs do not specifically require that students participating in clinical rotations provide a SSN as a condition of participation.

In situations where students engage in direct patient care that contributes to services reimbursed by Medicare or Medicaid, hospitals may implement internal documentation policies to maintain billing integrity and compliance with audit standards. Such documentation typically includes the student's full name, program affiliation, scope of participation, and supervising clinician (U.S. Department of Health and Human Services Office of Inspector General [HHS-OIG], 2020). This information ensures transparency in patient care delivery but does not inherently require the disclosure of a student's SSN.

Furthermore, hospitals may impose additional administrative checks, including background verification processes, to mitigate liability and protect patient safety. These processes vary by institution and are often tied to third-party vendor systems that use SSNs as primary identifiers. However, the use of an SSN in this context is based on institutional policy and technological infrastructure rather than a federal statutory mandate.

It is important to distinguish between federal compliance standards and institutional preferences. While hospitals have discretion in shaping their credentialing protocols, they must also consider the impact of exclusionary practices, particularly as they pertain to students who do not possess an SSN but are otherwise eligible to participate in clinical education through alternative identifiers such as an Individual Taxpayer Identification Number (ITIN). Given the lack of federal prohibition, institutions may revise internal policies to promote greater equity in clinical training access without compromising CMS compliance.

## **VI. Recommendations**

### **Alternative Background Check Processes**

Traditional background check systems in healthcare education often rely on Social Security Numbers as the primary identifier. This practice poses significant barriers for students who do not possess an SSN, such as undocumented immigrants or international students. However, alternative background check options are available. Educational institutions can collaborate with third-party vendors that offer fingerprint-based screenings or systems that accept Individual Taxpayer Identification Numbers. These alternatives have been validated in state-level licensing procedures and are recognized for maintaining integrity and safety standards (Colorado Bureau of Investigation [CBI], 2023; Pre-Health Dreamers [PHD], 2022).

### **Policy Advocacy and Institutional Change**

Beyond adopting alternative verification systems, higher education and clinical institutions must engage in policy reform to remove systemic barriers embedded in their clinical placement and credentialing processes. At a local level, universities have the authority to update internal policies that unnecessarily require SSNs for student progression. These updates may include revisions to clinical agreements, student handbooks, and background check protocols to explicitly permit the use of name and fingerprint-based systems (National Immigration Law Center [NILC], 2021). Institutions should revise internal policies and documentation, such as Memoranda of Understanding (MOUs) with clinical sites, to ensure that Social Security Numbers are not the sole acceptable form of identification.

To address the structural barriers that prevent undocumented individuals and those without SSNs from participating in clinical education and volunteer-based opportunities, Colorado should enact legislation requiring that all background checks conducted for educational or volunteer purposes accept an ITIN as a valid form of identification. This proposed policy would build on Colorado's landmark 2021 legislation, SB21-077 and SB21-199, which removed lawful presence and SSN requirements for many state-regulated professional and occupational licenses (Colorado General Assembly, 2021a, 2021b). While these laws opened the door to licensure for individuals regardless of immigration status, a significant gap remains at the level of clinical site access and educational background checks, which are often still governed by SSN-only policies. Mandating that background checks for educational and volunteer purposes allow for ITIN, fingerprint-based, or name-based alternatives would ensure that access to clinical training and experiential education is aligned with the state's inclusive licensing framework. The legislation would apply only to background checks not tied to direct federal funding or direct federally mandated requirements, ensuring that compliance obligations remain intact while removing unnecessary barriers for students and volunteers. Standardizing ITIN acceptance would also provide clarity and consistency for background check vendors and clinical partners, reducing confusion and expanding access to Colorado's diverse population of aspiring health professionals.

Furthermore, accrediting bodies and licensing agencies should endorse these inclusive practices by updating their compliance standards to allow for alternative forms of identification where appropriate. Ensuring that such measures meet safety and audit requirements will maintain the integrity of the system while expanding access for students historically excluded from clinical opportunities.

## **Pilot Programs: Testing Inclusive Models in Clinical Education**

Pilot programs offer an evidence-based approach for universities to test the feasibility of inclusive background check models. The recommended first step is to launch a state-supported pilot program within one or more public institutions, such as the University of Colorado or a Colorado community college system, in partnership with the Colorado Department of Higher Education and a local clinical site. The pilot would involve a cohort of students who do not have SSNs but are eligible to participate in nursing or allied health programs using ITINs or similar identifiers. Below are outlines steps for the proposed pilot program:

### **Step 1: Identify Clinical Site Background Check Partner**

Nursing programs typically partner with multiple hospitals and clinical sites to fulfill students' clinical hour requirements. To ensure feasibility and streamline implementation, the program should identify a single hospital or clinic system willing to serve as the initial pilot site for alternative background check procedures. This partner should be open to collaboration, capable of accommodating fingerprint-based or ITIN-verified checks, and representative of the broader clinical landscape. Establishing a focused partnership will allow for more manageable coordination, clearer evaluation metrics, and stronger institutional engagement during the pilot phase.

### **Step 2: Substitute SSN-Based Checks with CBI Fingerprint-Based Checks**

Colorado's official background check process for professional licensure is managed by the Colorado Bureau of Investigation (CBI) and can be completed using fingerprint submissions via IdentoGO, a statewide vendor authorized to process biometric-based background checks

(Colorado Bureau of Investigation, 2023). Students would be instructed to schedule an appointment with IdentoGO, where their fingerprints are electronically transmitted to CBI. This system does not require an SSN and is already used for licensed professionals in the state.

### Step 3: Share and Certify Results with Clinical Sites

Once processed, the background check results can be securely transmitted to the educational institution and participating clinical site. The pilot would evaluate whether these fingerprint-based reports meet site-level compliance standards. Early-stage collaboration with legal and compliance officers at the hospital or clinic will be critical to ensure institutional buy-in and risk management approval.

### Step 4: Measure Impact and Produce Evaluation Metrics

The pilot program should track outcomes including:

1. Number of students completing background checks via ITIN or CBI-fingerprint method
2. Clinical site acceptance rate of non-SSN checks
3. Time-to-clearance and cost comparisons with SSN-based systems
4. Student and administrative feedback on feasibility and clarity of process

## Existing Initiatives to Increase Accessibility for Undocumented Nursing Students

Pre-Health Dreamers (PHD) has developed comprehensive resources and policy guidance to support undocumented students pursuing careers in nursing and other health professions. Their work includes program directories, application toolkits, and policy briefs that assist students and



institutions in navigating legal and procedural barriers, particularly those related to background checks and clinical placement requirements (Pre-Health Dreamers, 2022).

Beyond student-facing materials, Pre-Health Dreamers also engage in institutional advocacy. They encourage nursing programs to establish formal agreements with clinical partners that explicitly allow alternative identifiers such as ITINs. These efforts are aligned with broader equity goals and serve to standardize practices across campuses, reducing confusion and case-by-case decisions that often disadvantage undocumented students. Their resources also emphasize the importance of faculty training, administrative consistency, and legal review in developing inclusive policies that do not conflict with accreditation or patient safety standards.

## **VII. Future Research and Limitations**

### **Future Research**

As this capstone primarily focuses on barriers faced by undocumented nursing students in Colorado, future research should broaden the scope to explore similar challenges across other professional sectors. Fields such as law, education, business, and mental health also impose licensure or fieldwork requirements that often include background checks or credentialing processes. These systems may unintentionally replicate exclusionary practices found in healthcare, particularly for individuals who do not possess a SSN. A cross-sectoral policy analysis could reveal common regulatory gaps and highlight best practices in reducing structural barriers for undocumented and ITIN-using students.

In addition to exploring other sectors, longitudinal studies are needed to evaluate the long-term effects of inclusive background check policies. Tracking student outcomes over time,

including clinical placement completion, licensure attainment, and employment, would provide empirical data on the efficacy of using name and fingerprint-based alternatives in background checks. These studies could help validate the broader policy argument that inclusive verification systems do not compromise regulatory integrity or public safety, and instead support economic integration and workforce diversity.

Furthermore, future research should explore institutional decision-making processes regarding Memoranda of Understanding (MOUs) between nursing programs and clinical sites. These agreements often dictate student eligibility and credentialing protocols but are typically not made publicly available due to privacy, liability, or proprietary concerns. A lack of transparency in these agreements presents a barrier to researchers and advocates seeking to identify specific SSN-related policies. Collaborative partnerships with nursing schools and healthcare systems could facilitate ethical, confidential access to MOU content and support efforts to standardize more inclusive terms across institutions.

## **Limitations**

While this capstone identifies actionable recommendations and a framework for policy intervention, it is not without limitations. First, the privacy and confidentiality of MOUs between nursing programs and clinical partners limited access to precise policy language, making it difficult to determine how widespread SSN-only background check requirements are at the institutional level. Without access to these documents, the analysis is largely based on institutional narratives, student experiences, and publicly available program policies.

The fear of stigma and legal repercussions continues to silence many undocumented students, even when inclusive policies are in place. Students may avoid advocating for their

rights due to concerns about disclosing their immigration status, particularly in environments that lack formal protections. Finally, the broader political environment poses an unpredictable challenge. The future of DACA, ITIN-based access, and immigrant-inclusive licensure policies remains uncertain under federal administrations that have historically targeted immigrant communities through restrictive policy shifts, legal challenges, and executive action (Pierce & Bolter, 2020). This administrative volatility limits the scalability and permanence of state-level reforms, and poses a persistent threat to any gains made in expanding access to clinical education for undocumented students.

While this project reviews policy and proposes inclusive alternatives to current background check practices, it is important to acknowledge that the legal analysis regarding the ability to mandate clinical sites to remove SSN requirements falls outside the scope of this capstone. As I am not a licensed attorney, further legal research and consultation with qualified legal professionals is necessary to determine the full legal permissibility of requiring clinical sites or background check vendors to remove the requirement of SSNs. This includes understanding any federal, state, or contractual obligations tied to Medicare/Medicaid funding, liability insurance requirements, or Department of Public Health regulations that may impact such decisions.

Despite these limitations, this capstone contributes to the growing body of evidence that inclusive educational and licensing policies are not only feasible but urgently needed. Future research should continue to build on this work by engaging undocumented students directly, exploring cross-sector reforms, and advocating for policy consistency at both the institutional and legislative levels.

## **VIII. Conclusion**

At its core, this capstone confronts a public health issue disguised as an administrative barrier. The exclusion of undocumented nursing students from clinical training opportunities due to restrictive background check policies is not merely a matter of institutional compliance, it is a direct reflection of how structural inequities in education and employment serve as social determinants of health. When access to professional pathways is gated by mechanisms such as Social Security Number- only background checks, entire communities are denied opportunities for upward economic mobility, career stability, and the social protections that come with them.

Research consistently shows that economic stability and access to dignified work are fundamental determinants of long-term health outcomes (Marmot & Wilkinson, 2006; Braveman et al., 2011). Professions like nursing not only provide steady income and health insurance, but also elevate the health of families and communities through intergenerational opportunity. Excluding qualified individuals from entering these fields, particularly individuals from immigrant and low-income backgrounds, further entrenches cycles of poverty and health disparity. In contrast, policies that remove arbitrary documentation barriers create ripple effects: they expand the healthcare workforce, increase linguistic and cultural competence in care delivery, and strengthen public health infrastructure by investing in those most impacted by systemic exclusion. Moreover, the ability to access and complete higher education in health-related fields should be viewed as a health justice issue. As this capstone has shown, students who are legally allowed to be licensed in Colorado are still routinely denied access to clinical placements due to outdated, non-federally mandated SSN requirements. This

contradiction represents a missed opportunity, not only for individuals pursuing careers in care, but for the communities they are uniquely positioned to serve.

Addressing this issue is more than a policy correction; it is an act of public health investment. It recognizes that health begins with opportunity to learn, to work, and to thrive in one's full capacity. By removing background check barriers that are not legally required and piloting inclusive alternatives like ITIN and fingerprint-based systems, Colorado can lead the nation in advancing health and economic justice in tandem. The future of public health is not only in hospitals and clinics. It begins in classrooms, credentialing offices, and the policies we choose to uphold or dismantle.

## **Glossary of Terms**

**Accreditation** – The process by which educational institutions or programs are officially recognized and evaluated to ensure they meet established standards in professional training and education.

**Administrative Procedure Act (APA)** – A federal statute that governs how U.S. federal administrative agencies propose and implement regulations. It was cited in legal cases involving the DACA program.

**Background Check Vendor** – A third-party company contracted by institutions to conduct identity verification, criminal history checks, and credentialing, often using SSNs or alternative methods such as fingerprints or ITINs.

**Burnout** – A state of physical, emotional, and mental exhaustion caused by prolonged stress and demanding working conditions, commonly experienced by healthcare professionals.

**Centers for Medicare & Medicaid Services (CMS)** – A federal agency within the U.S. Department of Health and Human Services responsible for administering Medicare and Medicaid programs and setting compliance standards for participating healthcare institutions.

**Clinical Placement** – The component of healthcare education where students gain practical experience in real healthcare settings under supervision; often a requirement for graduation and licensure in nursing and allied health programs.

**Colorado Center for Nursing Excellence** – A nonprofit organization dedicated to improving Colorado's healthcare workforce through research, training, and policy innovation related to nursing.

**Colorado Workforce Development Council (CWDC)** – A state entity that identifies workforce needs and develops strategies to address labor shortages in Colorado’s industries, including healthcare.

**Conditions of Participation (CoPs)** – Federal regulations set by CMS that healthcare facilities must follow to remain eligible for Medicare and Medicaid reimbursement. CoPs govern operational and patient care standards.

**Deferred Action for Childhood Arrivals (DACA)** – A U.S. immigration policy that allows certain undocumented individuals who arrived as children to receive protection from deportation and temporary work authorization.

**Direct Care Workforce** – Healthcare professionals who provide hands-on care to patients, including registered nurses, certified nursing assistants, and home health aides.

**Fifth Circuit Court of Appeals** – A federal appellate court that has jurisdiction over legal matters in Texas, Louisiana, and Mississippi; involved in current litigation concerning the legality of DACA.

**Fingerprint-Based Background Check** – A biometric form of identity verification that uses digital or ink fingerprints instead of a Social Security Number to screen for criminal history or confirm identity.

**Global Talent Task Force (GTTF)** – A Colorado-based initiative formed under SB22-140 to recommend policies supporting the inclusion of internationally trained professionals in the state’s workforce.

**Health Justice** – A framework in public health that aims to ensure equitable access to the conditions that promote health, including fair education, employment, and legal protections.

**Healthcare Workforce Gap** – The shortfall between the number of healthcare workers needed to meet patient care demands and the number of professionals actually available.

**HIPAA (Health Insurance Portability and Accountability Act)** – A federal law that protects patient health information. It applies to students working in clinical settings where they may encounter protected health data.

**Immigration Status** – The classification of an individual's legal presence in a country, which affects their rights to work, study, and access public benefits.

**Individual Taxpayer Identification Number (ITIN)** – A tax-processing number issued by the IRS to individuals who are not eligible for a Social Security Number (SSN), including many undocumented immigrants.

**Lawful Presence Verification** – A legal requirement in some states that individuals prove lawful immigration status before receiving government benefits or licenses.

**Memoranda of Understanding (MOUs)** – Formal agreements between academic programs and clinical sites outlining student placement protocols, including background check and credentialing requirements.

**Name-Based Background Check** – A method of identity verification using a person's name, birthdate, and other identifiers rather than an SSN; often used when fingerprinting or SSN is unavailable.



**National Council of State Boards of Nursing (NCSBN)** – A national nonprofit organization that supports nursing regulatory bodies and provides guidance on licensure and nursing education standards.

**Nursing Shortage** – A workforce crisis in which the demand for registered nurses exceeds the supply, driven by factors such as retirement, high turnover, and increased healthcare needs.

**Participatory Policy Analysis** – A research method that includes community members in policy evaluation and decision-making, ensuring policies are shaped by those most affected.

**Pre-Health Dreamers (PHD)** – An advocacy organization that provides resources and support for undocumented students pursuing careers in health and medicine.

**Professional Licensure** – The state-granted certification allowing individuals to legally practice in a regulated profession such as nursing, typically requiring completion of education, exams, and background checks.

**Senate Bill 21-077 (SB21-077)** – A 2021 Colorado law removing lawful presence and SSN requirements for occupational and professional licensure, expanding opportunities for undocumented individuals.

**Senate Bill 21-199 (SB21-199)** – Colorado legislation that removed barriers to public benefits and services for individuals regardless of immigration status, further supporting workforce inclusion.

**Social Determinants of Health (SDOH)** – The non-medical factors that influence health outcomes, including housing, employment, education, and legal status.

**Social Security Number (SSN)** – A federally issued identification number used for employment and tax purposes. Many background checks and institutional systems require SSNs, which undocumented individuals often do not possess.

**Third-Party Credentialing System** – External systems used by clinical sites or educational institutions to verify student or staff qualifications and background check status.

**U.S. Department of Education – Family Educational Rights and Privacy Act (FERPA)** – A federal law that protects the privacy of student education records and regulates the disclosure of personally identifiable information, including SSNs.

**Workforce Attrition** – The gradual loss of workers due to retirement, career change, or burnout, contributing to shortages in essential sectors like healthcare.

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