

# NOTIFICATION

## **THIS NOTIFICATION** **IS TO BE DETACHED AND RETAINED BY APPLICANT**

**FINGERPRINTS SUBMITTED WITH THIS APPLICATION WILL BE USED TO  
CHECK FBI CRIMINAL RECORDS**

### **NOTIFICATIONS FORM**

#### **To obtaining a Copy of your FBI Criminal Record:**

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

#### **Changes, Corrections, or Updating of Federal Criminal Record:**

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division, and ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting the agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency

#### **Appeal of Determination:**

If your determination is based on an error such as wrong person, birth date, etc., please contact Health Facility Services Criminal History determination section at 501-661-2201. You may appeal a determination error within sixty (60) days by submitting a written request to : Health Facility Services Criminal History Appeals, 5800 W. 10<sup>th</sup> Street, #400, Little Rock AR 72204. Include your contact information and a description of the error.

**Arkansas Code §A.C.A. 20-38-101**

# Health Facility Services Background Check Application

Facility ID Number 799 \_ \_ \_ \_

FACILITY NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ FACILITY PHONE # \_\_\_\_\_

### SELECT JOB TITLE

### SELECT FACILITY TYPE

**NON LICENSED PROFESSIONAL,  
UNSUPERVISED EMPLOYEE  
PROVIDING CARE TO CLIENTS**

**HOME HEALTH**

**HOSPICE**

**OPERATOR**

**PRIVATE CARE**

### PAYMENT INFORMATION

- CHECK/MONEY ORDER PAYABLE TO "ARKANSAS STATE POLICE"
- MARK APPROPRIATE BOX BELOW (INCLUDE PAYMENT FOR NON- INA ACCOUNTS)

\_\_\_\_\_ 82001 STATE RECORD CHECK \$25.00 (mailed)  
22.00 (electronic)

\_\_\_\_\_ 80001 FBI RECORD CHECK \$14.75 (mailed)  
15.75 (electronic)

### APPLICANT :

_____	_____	_____	_____
LAST NAME	FIRST	MIDDLE	MAIDEN
_____	_____	_____	_____
DATE OF BIRTH	RACE	SEX	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
DRIVER'S LICENSE #	STATE OF ISSUE		

_____	_____	_____	_____
MAILING ADDRESS	CITY	STATE	ZIP CODE
NAME, ADDRESS AND DATE OF BIRTH VERIFIED ON THE FOLLOWING GOVERNMENT ISSUED IDENTIFICATION DOCUMENTS- DRIVERS LICENSE__ STATE ID CARD__ OTHER (LIST)_____			

**PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND IS PUNISHABLE AS SET FORTH IN ARKANSAS CODE 5-53-103.**

THE QUALIFIED ENTITY (EMPLOYER) MAY RECEIVE COPIES OF THE STATE RECORD CHECK RESULTS. ANY CHALLENGES TO THE ACCURACY OF THE STATE RESULTS SHOULD BE DIRECTED FIRST TO THE STATE POLICE (501) 618-8500 #1 STATE POLICE PLAZA DRIVE, LITTLE ROCK, AR 72209.

**I understand that my personal information and fingerprints submitted by agency are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.**

**I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.**

\_\_\_\_\_  
*Signature of applicant* \_\_\_\_\_  
*Date*

