

STEP BY STEP INSTRUCTIONS FOR FEDERAL (FINGERPRINT) BACKGROUND CHECKS ON CAREGIVERS WORKING IN HOME HEALTH, HOSPICE AND PRIVATE CARE.

EMPLOYER:

- Provide job candidate with:
 - Health Facility Services Background Check Application
 - Fingerprint card (filled out with employer information)
 - Fingerprint Verification form (employer completes sections I)
 - Sealable envelope

APPLICANT:

- Completes Health Facility Services Background Check Application
- Retains page 1 (Notification) from the Health Facility Services Background Check Application
- Returns pages page 2 & 3 to employer
- Complete section II of Fingerprint Verification Form

- Take fingerprint card and fingerprint verification form to local police department or Arkansas State Police headquarters to obtain fingerprinting.
 - Fingerprint technician will complete section III of Fingerprint Verification Form and seal with fingerprint card in envelope
- Deliver sealed envelope to the employer

EMPLOYER:

- Fax completed Health Facility Services Background Check Application and Fingerprint Verification Form to Health Facility Services 501-661-2165
- Retain the fingerprint verification form for your records
 - Hold the completed background check application until Health Facilities approves submission to AR State Police

HEALTH FACILITY SERVICES:

- Review and verify faxed application and fingerprint verification confirming statutory requirements for employment determination
- Stamp and approve/deny application for submittal to Arkansas State Police
- Fax back to employer

EMPLOYER:

- Upon receipt of application stamped “*ADH Verified- Approval to submit to AR State Police*”, employer may submit stamped application, fingerprint card and fee (if not paid online) to Arkansas State police for processing.
 - Reminder - Do not submit the fingerprint verification form to AR. State Police

HEALTH FACILITY SERVICES:

- Review FBI criminal history results and make determination of employment
- Mail letter of determination to the employer

EMPLOYER:

- For applicants disqualified for employment :
 - Complete the box at the bottom of the letter of determination
 - Fax to Health Facility Services 501-661-2165