

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 obtain 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. 10th 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

- YOU MUST CREATE AN ONLINE INA ACCOUNT (FOR PAYMENT) AT <https://www.ark.org/criminal/index.php> TO PROCESS ALL STATE AND/OR FBI FINGERPRINT BACKGROUND CHECKS.

_____ 82001 STATE RECORD CHECK

_____ 80001 FBI RECORD CHECK

APPLICANT:

LAST NAME	FIRST	MIDDLE	MAIDEN
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DATE OF BIRTH	RACE	SEX	SOCIAL SECURITY NUMBER
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DRIVER'S LICENSE #	STATE OF ISSUE
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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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.

_____	_____
<i>Signature of applicant</i>	<i>Date</i>

APPLICANT TO REVIEW AND INITIAL

I HEREBY GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT THE REQUIRED CRIMINAL RECORD CHECK ON MYSELF AND RELEASE ANY RESULTS TO THE LICENSING AUTHORITY AND THE STATE RESULTS TO THE QUALIFIED ENTITY (Initial all 4 lines)

I RECEIVED WRITTEN DIRECTIONS FOR CHANGES/CORRECTING/UPDATING MY FBI CRIMINAL RECORD

I RECEIVED WRITTEN DIRECTIONS ON HOW TO OBTAIN A COPY OF MY FBI CRIMINAL RECORD

I RECEIVED WRITTEN DIRECTIONS ALONG WITH THE TIME FRAME EXPLAINING HOW TO APPEAL THE ACCURACY/DISPOSITION INFORMATION

STATEMENT OF OATH:
I STATE ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT DATE

NOTE: NOTARY IS NO LONGER REQUIRED

FEDERAL FINGERPRINT BACKGROUND CHECK REQUEST ONLY:

AFTER COMPLETION OF THE ONLINE FBI FINGERPRINT BACKGROUND CHECK, WRITE YOUR TRANSACTION NUMBER IN THE TOP RIGHT HAND CORNER OF THE FINGERPRINT CARD. THIS IS YOUR PROOF OF PAYMENT.

MAIL FINGERPRINT CARD, PAGE 2 & 3 OF THIS COMPLETED APPLICATION ALONG WITH THE FINGERPRINT VERIFICATION FORM TO:

HEALTH FACILITY SERVICES
ATTN: CRIMINAL BACKGROUNDS
5800 W. 10TH ST. #400
LITTLE ROCK, AR 72204

FINGERPRINT CARD INSTRUCTIONS:

DO NOT LEAVE ANY SPACE BLANK EXCEPT OCA, FBI NO., MISC. NUMBER AND ARMED FORCES NUMBER.
EMPLOYER SPACE: NAME OF AGENCY REQUESTING BACKGROUND CHECK

FOR RACE USE: A=ASIAN B=BLACK I=INDIAN W=WHITE U=UNKNOWN FOR SEX: "M" OR "F"
FOR "HGT": USE FEET AND INCHES AS 5'5"

USE THE FOLLOWING THREE CHARACTER CODES FOR EYES AND HAIR:

EYES: BLU=BLUE GRY=GRAY MAR=MAROON HAIR: BAL=BALD BLK=BLACK BLN=BLOND
BRO=BROWN GRN=GREEN PNK=PINK BRO=BROWN GRY=GRAY
RED=RED
BLK=BLACK HAZ=HAZEL XXX=UNKNOWN SDY=SANDY WHI=WHITE
XXX=UNKNOWN

CITIZENSHIP IF USA TYPE "US"; IF MEXICO TYPE "MEXICO" ETC..
DATE OF BIRTH USE NUMERIC AS 09-17-51
PLACE OF BIRTH TYPE STATE OF COUNTRY AS "ARKANSAS" OR "MEXICO"