



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
José R. Romero, MD, Secretary of Health

## Release of State and/or Federal Background to Training Site Representatives

To obtain a copy of a student or licensed providers (EMSP) criminal background check, the information below must be completed then mailed or faxed to the Section of Emergency Medical Services (the Section).

**Fax number is 501-280-4901, Address: 5800 W. 10<sup>th</sup> Street Suite 800, Little Rock, AR 72204**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### PREVIOUS ADDRESS REQUIRED IF CURRENT ADDRESS IS LESS THAN 5 (FIVE) YEARS OLD.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting that my State Criminal Background check be released to the following person/institution. I also understand that my Federal Criminal Background check has to be picked up in person (myself).

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**(Print name and address of the person and/or Educational Institution)**

I understand if all of the information listed above is not completed or the information you provided does not match our database records. Background information WILL NOT be released, requiring you to come to the Section to obtain copies of your background information.

\_\_\_\_\_  
Signature (if minor guardian signature required)

\_\_\_\_\_  
Date