

DISCLOSURE STATEMENT

UTAH DEPARTMENT OF HEALTH FACILITY LICENSING, CERTIFICATION AND RESIDENT ASSESSMENT

TO BE PLACED IN PERSONNEL FILE

I _____, hereby state that I have not been convicted of or awaiting trial for a felony, a misdemeanor charge or had a substantiated finding of abuse within The past twelve (12) months that would prohibit me from providing direct care, custody or control of children, disabled or elder adults pursuant to UCA 26-21-9.5 and UAC R432-35. I hereby authorize the Utah Department of Health to conduct a background check to review any and all information which may be pertinent to my qualifications. I do hereby release all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.

Employee Signature

Date

Health Care Administrator Signature

Date

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