

CBS/MIS CONSENT AND RELEASE OF LIABILITY FOR HEALTH FACILITIES INFORMATION AND INSTRUCTION

PURPOSE:

The purpose of the criminal background screening, as part of the Department of Health (DOH) Bureau of Health Facility Licensing, Certification and Resident Assessment process, is to determine whether an individual has been convicted of any crime as a juvenile or adult or has a substantiated finding of abuse or neglect of children or adults to aid in protecting the health and safety of vulnerable disabled and elder adults.

FACILITY INSTRUCTIONS: Read and follow all instructions carefully.

1. Submit one form for each employee hired and defined by the Administrator as providing direct care to residents/patient for your facility. (We are not authorized to screen employees not providing direct care.)
2. If the applicant has **not** lived in Utah for the last five (5) years, fingerprints **and a business check, bank check or money order (no personal checks accepted)** in the amount of \$30.25 for each applicant and the consent form must be received to enable processing of the FBI NCIC check.
3. Double check the forms for accuracy and be sure fingerprints and fees are included if required. Pay close attention to signatures and date of birth on the application and also that identifying information is provided as well as the required signatures on the fingerprint card.
4. For questions call the Bureau at (801) 538-6158 or toll-free at 1-800-662-4157.
5. Mail the application page and fingerprints and fees (if required) to:

**UTAH DEPARTMENT OF HEALTH HFLCRA
CRIMINAL BACKGROUND SCREENING
PO BOX 144103
SALT LAKE CITY UT 84114-4103**

APPLICANT INSTRUCTIONS AND INFORMATION:

1. Complete all information requested and answer all questions to the best of your knowledge and provide the necessary documentation if requested on the form. If any section is not applicable to you, please indicate by NA.
2. Required checks will be completed and if any of the checks reflect a criminal record with any conviction(s) not meeting the Administrative Rule (R432-35) standards, you and your employer shall receive written notification of your non-clearance.
3. False information may exclude you from obtaining clearance for employment in "covered" health care facilities.
4. If you have questions pertaining to the criminal background screening process, please contact the Bureau at: (801) 538-6158 or toll-free at 1-800-662-4157. Any other questions should be directed to your employer's Human Resource Manager.

DENIAL INFORMATION:

The Bureau of Health Facility Licensing, Certification and Resident Assessment shall initially deny clearance for applicants with any felony or misdemeanor A convictions and specific misdemeanor convictions that fall under Utah Criminal Code as offenses against the family, offenses against the person, pornography, prostitution or any type of sexual offense, i.e., simple assault, domestic violence, lewdness, prostitution, child abuse, etc. We may also deny clearance on a pattern of convictions regardless of type (in excess of four (4), and for failure to declare convictions by the applicant. If there is an error on an applicant's criminal record or if the applicant is eligible to have their record expunged, it is the applicant's responsibility to resolve the matter by contacting: The Utah Department of Public Safety, Bureau of Criminal Identification (Phone number (801) 965-4445). When the matter is resolved, the applicant must provide legal documentation of the expungement, dismissal, etc. to be considered again for clearance.

CONFIDENTIALITY:

The Bureau of Health Facility Licensing, Certification and Resident Assessment will keep the information acquired confidential. No confidential details of the report will be released to the applicant or disclosed over the phone.

