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RULES AND REGULATIONS FOR CONDUCTING CRIMINAL RECORD CHECKS FOR EMPLOYEES OF LONG TERM CARE FACILITIES

303 If, after checking the online ECR system maintained by the Office of Long Term Care, there was no previous disqualification determination listed on the applicant, the facility shall perform an on-line state criminal record check on the applicant before the facility offers the applicant employment, using the procedures required by the Arkansas State Police/Identification Bureau.

304 If the facility cannot verify that the applicant has lived continuously in the state for the past five (5) years, the facility shall also perform a national criminal history records check on the applicant. The facility shall provide the applicant with form DMS-736, a pre-printed Fingerprint Card provided by the Office of Long Term Care, a form FBI-1 DHS Verification, and pre-printed envelope provided by the Office of Long Term Care. The facility may assist the applicant with the completion of the documents. The applicant shall take the documents to law enforcement and request that law enforcement complete the finger print process, the Fingerprint Card, and the Verification Form. Law enforcement shall then place those items, along with the DMS-736, into the pre-printed envelope and seal the envelope. The applicant shall return the sealed envelope to the facility. The facility shall place the sealed envelope from the applicant into a second pre-printed envelope provided by the Office of Long Term Care along with any checks/payments/fees. The facility shall seal the second envelope and shall return it to the Office of Long Term Care.

NOTE: A national criminal history records check shall not be performed on any individual whom the facility can verify has lived continuously in the state for the past five (5) years or who provides care to residents of a service provider subject to a professional license. See Section 502 for the complete list of excluded professions. **If a facility desires to perform a national criminal history records check on an individual who has lived continuously in the state for the past five (5) years or who provides care to residents of a service provider subject to a professional license, the facility shall use form ASP-122.**

305 After employment clearance is obtained from the online ECR system maintained by the Office of Long Term Care and the person has not listed prior criminal convictions on the DMS-736 form, a facility may make an offer of temporary employment to an applicant or continued employment to an incumbent employee while waiting for the official criminal record check results. Facilities may choose to deny the applicant/employee unsupervised access to a person to whom the facility provides care until the criminal record check and determination of employment status have been completed.

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306 Upon completion of the criminal record check on an applicant or employee, the Bureau shall issue a report to the Office of Long Term Care or the requesting facility, depending upon the results. The Office of Long Term Care shall determine whether the applicant or employee is disqualified from employment and issue its Letter of Determination to the applicant or employee, and to the facility or requesting entity. The Letter of Determination to the facility or requesting entity shall only state whether the applicant or employee is qualified or disqualified from employment. If the criminal record report issued by the Bureau lists any conviction, of any type or nature, the facility shall be required to remove from unsupervised direct care duties any person who was offered temporary or continued employment until the Office of Long Term Care's Letter of Determination has been received. If the applicant or employee is disqualified from employment the facility shall terminate the employment of the employee or deny employment to the applicant.

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RULES AND REGULATIONS FOR CONDUCTING CRIMINAL RECORD CHECKS FOR EMPLOYEES OF LONG TERM CARE FACILITIES

303 If, after checking the online ECR system maintained by the Office of Long Term Care, there was no previous disqualification determination listed on the applicant, the facility shall ~~have the applicant complete a~~ perform an on-line state criminal record check form (DMS-736, issued by the Office of Long Term Care) if on the applicant before the facility intends to offer offers the applicant employment, using the procedures required by the Arkansas State Police/Identification Bureau. ~~Within five (5) working days of completion of the form, the facility shall forward the form (or, if conducted online, maintain the completed form at the requesting facility) and appropriate fee(s) to the Arkansas State Police/Identification Bureau requesting a state record check and, if applicable, a national records check. The facility must maintain a copy of the DMS-736 for verification of compliance (see Section 210). If a national record check is required, the applicant must also submit the appropriate fingerprint card. Fingerprint cards shall be available from the Office of Long Term Care and must have the required identifier number code prior to completion.~~

304 ~~Upon receipt of a correctly completed request for a criminal record check, the Bureau shall issue within 24 hours an electronic report to the service provider and the Office of Long Term Care for a state report and to respond to request for national records checks within 10 calendar days after receipt of a report. If the facility cannot verify that the applicant has lived continuously in the state for the past five (5) years, the facility shall also perform a national criminal history records check on the applicant. The facility shall provide the applicant with form DMS-736, a pre-printed Fingerprint Card provided by the Office of Long Term Care, a form FBI-1 DHS Verification, and pre-printed envelope provided by the Office of Long Term Care. The facility may assist the applicant with the completion of the documents. The applicant shall take the documents to law enforcement and request that law enforcement complete the finger print process, the Fingerprint Card, and the Verification Form. Law enforcement shall then place those items, along with the DMS-736, into the pre-printed envelope and seal the envelope. The applicant shall return the sealed envelope to the facility. The facility shall place the sealed envelope from the applicant into a second pre-printed envelope provided by the Office of Long Term Care along with any checks/payments/fees. The facility shall seal the second envelope and shall return it to the Office of Long Term Care.~~

NOTE: A national criminal history records check shall not be performed on any individual whom the facility can verify has lived continuously in the state for the past five (5) years or who provides care to residents of a service provider subject to a professional license. See Section 502 for the complete list of excluded professions. If a facility desires to perform a national criminal history records check on an individual who has lived continuously in the state for

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the past five (5) years or who provides care to residents of a service provider subject to a professional license, the facility shall use form ASP-122.

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OFFICE OF LONG TERM CARE

REQUEST FOR CRIMINAL RECORD CHECK
AR920160Z

- Items Needed: 1. This form correctly completed
2. \$12 check/money order made payable to "Arkansas State Police"
3. One completed fingerprint card
4. Completed Verification Form

Please see the back of this form for instructions on routing and completion of the fingerprint card.

Facility ID Code (701) Facility Type: [] NF [] ADC/ADHC [] ALF1/ALF2 [] HDC [] ICF/MR [] PAHI [] RCF [] OTHER

Name of Facility Submitting Form Facility Contact Person

Facility Address City State Zip Code Telephone Number (include area code)

(NOTE: Use form ASP-122 for licensed nurses, other Non-mandated positions, or persons who have lived continuously in the state for the last 5 years.)

Applicant/Employee to be checked: Last Name First Name Middle Name

Maiden Name Aliases Date of Birth (mo/day/yr) Race Sex (M/F)

Applicant/Employee's address City State Zip Code

Social Security Number Driver's License Number State of Issuance

Current or last employer and address City State

Note: The name, address and date of birth listed above must appear on a valid identification document issued by a government entity. Please list the document used if not the person's driver's license:

Job Title or Position Name Applying For:

Has Applicant Lived Continuously in Arkansas for the Past Five (5) Years? [] Yes [] No

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty of or plead guilty or nolo contendere to: (Use Additional Pages if Necessary)

Table with 4 columns: Date of Charge, Location (City and State), Description of charge, Sentence/Disposition

Notice: Your current or potential employer may receive a determination of employment eligibility. Prior to completion of a criminal record check, the employer may choose to deny an employee unsupervised access to a person to whom the employer provides care.

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record checks on myself and release any results to the Department of Human Services. I understand that my fingerprints will be used to conduct a FBI criminal records search.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code § 5-53-103.

Statement on Oath: I state on oath that the representations made herein are true and correct.

Signature of Applicant/Employee Date

State of Arkansas, County of

Subscribed and sworn to before a Notary Public in and for the county and state aforesaid, this the day of (yr)

Notary Public (Notary Seal)

FOR ARKANSAS STATE POLICE USE ONLY
80000 National Background Check @ \$12.00

My commission expires on _____, (yr) _____

PROPOSED

INSTRUCTIONS FOR COMPLETING A CRIMINAL BACKGROUND CHECK

1. Applicant must:
 - a. Receive from the facility the form DMS-736, Fingerprint Card, Verification Form, and pre-printed envelope provided by the Office of Long Term Care.
 - b. Complete form DMS-736.
 - c. Take form DMS-736, Fingerprint Card, Verification Form, and pre-printed envelope to law enforcement.
 - d. Have law enforcement complete Fingerprint Card (see instructions below) and Verification Form, and place those documents and the form DMS-736 into the pre-printed envelope. Seal the envelope and return it to the applicant.
 - e. Return sealed envelope to facility.

2. Facility must:
 - a. Provide applicant the form DMS-736, Fingerprint Card, Verification Form, and pre-printed envelope.
 - b. Place the sealed envelope returned by the applicant into a second pre-printed envelope provided by the Office of Long Term Care along with any checks/payment and additional documentation.
 - c. Seal the second envelope and send it to the Office of Long Term Care, P.O. BOX 8059, MAIL SLOT S405, LITTLE ROCK, AR 72203-8059.

INSTRUCTIONS FOR COMPLETING THE FINGERPRINT CARD

The National Background Check requires a classifiable set of fingerprint impressions. The card will be rejected otherwise.

PLEASE TYPE OR PRINT THE INFORMATION CLEARLY AND LEGIBLY.

The fingerprint card MUST be a blue applicant card with the proper licensing entity ORI number preprinted. The proper Office of Long Term Care ORI # is AR920160Z, listed at the top of this page.

FINGERPRINT CARD: Do not leave any space blank except the *FBI NO.* FBI, *ARMED FORCES NO.* MNU, and *MISCELLANEOUS NO.* MNU fields, or any of the sections that state Leave Blank.

EMPLOYER AND ADDRESS: This is the space to provide the Service Provider name and address.

REASON FINGERPRINTED: "A.C.A. 20-38-101" is preprinted to specify the Long Term Care regulations.

YOUR NO. OCA: Enter your Facility Code (also referred to as your CRC Code).

FOR SEX: Use "M" or "F".

FOR RACE: Use one of the following: A = ASIAN, B = BLACK, H = HISPANIC, I = INDIAN (AMERICAN), W = WHITE, or U = UNKNOWN.

FOR "HGT": Use feet and inches, such as 5'10".

FOR EYES AND HAIR: Use the following three character codes:

<u>EYES:</u>	BLU = BLUE	GRY = GRAY	MAR = MAROON	BRO = BROWN	GRN = GREEN
	PNK = PINK	BLK = BLACK	HAZ = HAZEL	XXX = UNKNOWN	

<u>HAIR:</u>	BAL = BALD	BLK = BLACK	BLN = BLOND	BRO = BROWN	GRY = GRAY
	RED = RED	SDY = SANDY	WHI = WHITE	XXX = UNKNOWN	

CITIZENSHIP: If USA citizen, use "US", or if a citizen of MEXICO, use "MEXICO", etc.

DATE OF BIRTH: Use numeric characters, such as 09-17-51 (MM/DD/YY).

PLACE OF BIRTH: Use State or country, such as "ARKANSAS" or "MEXICO", etc.

PROPOSED

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES, OFFICE OF LONG TERM CARE

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REQUEST FOR NATIONAL CRIMINAL RECORD CHECK
AR920160Z

Please check one: State Check Only State and National Check

- Items Needed:
1. This form correctly completed
 2. \$25 12 check/money order made payable to "Arkansas State Police"
 3. If a national check is also required:
 4. a. One completed fingerprint card
b. An additional \$12.00 check/money order made payable to "Arkansas State Police" Completed Verification Form

Please see the back of this form for instructions on routing and completion of the fingerprint card.

Facility ID Code (701) _____ Facility Type: NF ADC/ADHC ALF1/ALF2 HDC ICF/MR PAHI RCF OTHER

Name of Facility Submitting Form Facility Contact Person

Facility Address City State Zip Code Telephone Number (include area code)

(NOTE: Do not use this Use form ASP-122 for licensed nurses or other Non-mandated positions), or persons who have lived continuously in the state for the last 5 years.)

Applicant/Employee to be checked: _____
Last Name First Name Middle Name

Maiden Name Aliases Date of Birth (mo/day/yr) Race Sex (M/F)

Applicant/Employee's address _____
City State Zip Code

Social Security Number Driver's License Number State of Issuance

Current or last employer and address _____
City State

Note: The name, address and date of birth listed above must appear on a valid identification document issued by a government entity. Please list the document used if not the person's driver's license: _____

Job Title or Position Name Applying For: _____

Has Applicant Lived Continuously in Arkansas for the Past Five (5) Years? Yes No

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty of or plead guilty or nolo contendere to. Please list all charges on a separate sheet of paper and attach to this application.

Date of Charge	Location (City and State)	Description of charge	Sentence/Disposition

Notice: Your current or potential employer may receive copies of the criminal records report or a determination of employment eligibility. Prior to completion of a criminal record check, the employer may choose to deny an employee unsupervised access to a person to whom the employer provides care. Any challenge to the accuracy of the report should be directed to the State Identification Bureau (501) 618-8500, #1 State Police Plaza Drive, Little Rock, AR 72209.

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record checks on myself and release any results to the Department of Human Services and my current/potential employer. I understand that my fingerprints will be used to conduct a FBI criminal records search. I further authorize a national FBI records check. I further authorize the Department of Human Services to issue determinations of employment eligibility to my current or potential employer, including a private placement agency or contracted staffing company. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code 5-53-103.

Statement on Oath: I state on oath that the representations made herein are true and correct.

Signature of Applicant/Employee Date

State of Arkansas, County of _____

FOR ARKANSAS STATE POLICE USE ONLY

_____ 82001 Civil Records Check @ \$25.00 _____ 80000 National Background Check @ \$12.00

Subscribed and sworn to before a Notary Public in and for the county and state aforesaid, this the _____ day of _____, (yr) _____.

Notary Public

(Notary Seal)

My commission expires on _____, (yr) _____.

PLEASE SEND THIS FORM TO: ARKANSAS STATE POLICE
IDENTIFICATION BUREAU
1 STATE POLICE PLAZA DRIVE
LITTLE ROCK, AR 72209
(501) 618-8500

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EYES: BLU = BLUE, GRY = GRAY, MAR = MAROON, BRO = BROWN, GRN = GREEN
PNK = PINK, BLK = BLACK, HAZ = HAZEL, XXX = UNKNOWN

HAIR: BAL = BALD BLK = BLACK BLN = BLOND BRO = BROWN GRY = GRAY
RED = RED SDY = SANDY WHI = WHITE XXX = UNKNOWN

CITIZENSHIP: If USA citizen, use "US", or if a citizen of MEXICO, use "MEXICO", etc.

DATE OF BIRTH: Use numeric characters, such as 09-17-51 (MM/DD/YY).

PLACE OF BIRTH: Use State or country, such as "ARKANSAS" or "MEXICO", etc.