

Home Health Agency Owner/Administrator Background Check Request

Last name:	First name:	Middle name:	Date of birth:
All other names used:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Social Security # (SSN)*:
Driver's license or ID card number:	Driver's license or ID state:	Phone Number:	
Mailing address (Street/Apt #):			
City:		State:	Zip code:
Email address:			
Agency name:		Agency city:	
<input type="checkbox"/>	Home Health Agency Owner		
<input type="checkbox"/>	Home Health Agency Administrator		

Is your primary residence in a state other than Oregon?	Yes**	No
Do you have a current driver's license or ID issued in a state other than Oregon?	Yes**	No
Have you been outside of Oregon for more than 60 consecutive days in the last five years?	Yes**	No

****If yes, you will need to submit fingerprints. Please see ['Fieldprint Livescan Fingerprinting Instructions for HHA'](#) on our website for additional instructions.**

****If yes, list the locations and dates:**

City/state/country:	From (month/year):	Until (month/year):

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Have you ever been charged, arrested, and/or convicted of a crime?				
Yes		No		
If yes, list all charges, arrests and/or convictions and the outcome, regardless of how long ago. (Attach additional pages if needed.)				
Date (or estimate):	List each charge, arrest, or conviction:	County:	State:	Outcome:

Provide a detailed explanation for each charge, arrest and/or conviction noted above. If you have criminal history, the Health Care Regulation & Quality Improvement (HCRQI) program will weigh several factors to decide if you are fit for the license/position for which you are applying. Respond to the following questions for each charge, arrest and/or conviction and attach documentation to support your responses.	
<ul style="list-style-type: none">• What happened leading up to the charge, arrest, conviction, or other history?• What was your age at the time of charge, arrest, conviction, or other history?• List any requirements resulting from each charge, arrest, or conviction.• Describe any treatment, education and/or training specifically related to your history.• Describe how your history is relevant to your position.• Describe how your life has changed since your history.• List other information you believe would be helpful to the HCRQI program in making a decision in this case	
1.	
2.	

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3.	
4.	
5.	

I hereby certify that I am the above-named individual and that the information provided is true and correct. I understand that a criminal records and abuse check will be completed on me. My signature authorizes the Health Care Regulation & Quality Improvement section to request and receive any juvenile, police, court, or investigation reports needed to complete this background check. In the event potentially disqualifying abuse or other information is discovered, I may be notified at the address listed above and may be asked to provide additional information. I certify that the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed, or I may be denied the license/position. I understand the background check may be repeated during the time I hold this license/position.

Name:

Signature: _____ Date: _____

*As part of your application you are required to provide your Social Security Number pursuant to [ORS 25.785](#)

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PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and FBI Record Access and Amendment

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>