

NOTIFICATION

THIS NOTIFICATION **SHOULD BE DETACHED AND RETAINED BY APPLICANT**

**FINGERPRINTS SUBMITTED WITH THIS APPLICATION WILL BE USED TO
CHECK FBI CRIMINAL RECORDS**

NOTIFICATIONS FORM

To obtain a Copy of your FBI Criminal Record:

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Changes, Corrections, or Updating of Federal Criminal Record:

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division, and ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting the agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency

Appeal of Determination:

If your determination is based on an error such as wrong person, birth date, etc., please contact Health Facility Services Criminal History determination section at 501-661-2201. You may appeal a determination error within sixty (60) days by submitting a written request to: Health Facility Services Criminal History Appeals, 5800 W. 10th Street, #400, Little Rock AR 72204. Include your contact information and a description of the error.

Arkansas Code §A.C.A. 20-38-101

Health Facility Services Background Check Application (Digital Prints)

Facility ID Number 799 _ _ _ _

FACILITY NAME: _____ ADDRESS _____

FACILITY PHONE # _____

SELECT JOB TITLE☐**CNA, PCA, PERSONAL CARE AID
PROVIDING CARE TO CLIENTS**☐**OPERATOR/ ONLY FOR LICENSING PURPOSES****SELECT FACILITY TYPE**☐**HOME HEALTH**☐**HOSPICE**☐**PRIVATE CARE**

- ALL STATE AND FEDERAL BACKGROUND CHECKS MUST BE REQUESTED THRU ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK SYSTEM.

**THIS PAPERWORK MUST BE SCANNED & UPLOADED INTO
ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK
SYSTEM WHEN YOU REQUEST A FEDERAL BACKGROUND
CHECK. IF PAPERWORK IS INCOMPLETE, LETTER OF
DETERMINATION WILL NOT BE PROCESSED.**

FEDERAL FINGERPRINTS MAY ONLY BE REQUESTED IF THE APPLICANT HAS NOT LIVED CONTINUOUSLY IN ARKANSAS FOR THE LAST 5 YEARS.

APPLICANT: LAST NAME ON PAPERWORK MUST MATCH NAME FINGERPRINTS ARE SUBMITTED UNDER

_____ LAST NAME		_____ FIRST		_____ MIDDLE		_____ MAIDEN	
_____ DATE OF BIRTH		_____ RACE		_____ SEX		_____ SOCIAL SECURITY NUMBER	
_____ DRIVER'S LICENSE #		_____ STATE OF ISSUE					
_____ MAILING ADDRESS				_____ CITY		_____ STATE	
				_____ ZIP CODE			

NAME, ADDRESS AND DATE OF BIRTH VERIFIED ON THE FOLLOWING GOVERNMENT ISSUED IDENTIFICATION DOCUMENTS- DRIVERS LICENSE ☐ STATE ID CARD ☐ OTHER (LIST) _____

PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND IS PUNISHABLE AS SET FORTH IN ARKANSAS CODE 5-53-103.

THE QUALIFIED ENTITY (EMPLOYER) MAY RECEIVE COPIES OF THE STATE RECORD CHECK RESULTS. ANY CHALLENGES TO THE ACCURACY OF THE STATE RESULTS SHOULD BE DIRECTED FIRST TO THE ARKANSAS STATE POLICE (501) 618-8500 #1 STATE POLICE PLAZA DRIVE, LITTLE ROCK, AR 72209.

I understand that my personal information and fingerprints submitted by agency are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.

PRIVACY RIGHT 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.

Signature of applicant

Date

APPLICANT TO REVIEW AND INITIAL

(Initial inside each box)

I HEREBY GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE AND THE FBI TO CONDUCT THE REQUIRED CRIMINAL RECORD CHECK ON MYSELF AND RELEASE ANY RESULTS TO THE LICENSING AUTHORITY AND THE STATE RESULTS TO THE QUALIFIED ENTITY

I RECEIVED WRITTEN DIRECTIONS FOR CHANGES/CORRECTING/UPDATING MY FBI CRIMINAL RECORD

I RECEIVED WRITTEN DIRECTIONS ON HOW TO OBTAIN A COPY OF MY FBI CRIMINAL RECORD

I RECEIVED WRITTEN DIRECTIONS ALONG WITH THE TIME FRAME EXPLAINING HOW TO APPEAL THE ACCURACY/DISPOSITION INFORMATION

STATEMENT OF OATH:

I STATE ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT.

Signature of applicant

Date