



**OHIO BUREAU OF CRIMINAL INVESTIGATION (BCI)  
QUALIFIED ENTITY APPLICATION**

Criminal History Records Checks under the National Child Protection Act (NCPA) of 1993, as amended

Entity Name: \_\_\_\_\_  
 Ohio Operating Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Corporation Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Name of Entity Head: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Legal Type of Entity (Select one):      Governmental (Non-Statutory) \_\_\_\_ Private-Non-Profit \_\_\_\_ Private-Profit \_\_\_\_

Please check all appropriate areas below that apply to the service(s) provided by your entity to children, the elderly, and/or the disabled. NOTE: A "child" includes any unmarried person less than 18 years of age that has not been emancipated by order of a court. An "elderly person" means any person 65 years of age or older. A "disabled person" includes any person with a mental or physical impairment who requires assistance to perform one or more daily tasks.

Type of Person(s)	Care or Treatment	Care Placement	Education, Training or Instruction	Supervision	Volunteer
Child					
Elderly					
Disabled					

Please describe the services your entity provides that would qualify your entity to receive national criminal history records checks under this program and the applicable laws:

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Do you plan to request national criminal history checks through the Bureau of Criminal Investigation (BCI) on YOUR current or prospective Ohio employees, volunteers, contractors/vendors? YES \_\_\_\_\_ NO \_\_\_\_\_

(Contractors or vendors may be checked through the VECHS program if they have or may have unsupervised access to the children, elderly, or disable persons from who a qualified entity provides care.)

Number of Current Employees: \_\_\_\_\_      Number of Current Volunteers: \_\_\_\_\_

Number of Expected New Employees      Number of Expected New Volunteers  
 During the next 12 months: \_\_\_\_\_      During the next 12 months: \_\_\_\_\_

Signature of Entity Head: \_\_\_\_\_      Date: \_\_\_\_\_

Please mail or email your completed application to BCI at the address below. For further information, please contact us at the number below.

Ohio Bureau of Criminal Investigation  
 1560 State Route 56 SW  
 London, Ohio 43140  
 1-(877)-224-0043  
[VECHS@ohioattorneygeneral.gov](mailto:VECHS@ohioattorneygeneral.gov)