

**CBS/MIS CONSENT AND RELEASE OF LIABILITY FOR HEALTH FACILITIES**

**INSTRUCTIONS:** Please read both sides of this form, PRINT legibly with black in or TYPE completing the entire form including signatures.  
Processing will not be completed if all required information and signatures are not provided

◆ ◆ ◆ ◆ EMPLOYER INFORMATION ◆ ◆ ◆ ◆				
FACILITY NAME AS LISTED ON LICENSE			( ) AREA CODE AND BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS			CITY, STATE, ZIP CODE	
MAILING ADDRESS			CITY, STATE, ZIP CODE	
NAME OF REPRESENTATIVE * AND TITLE		SIGNATURE		DATE
*The Representative may be the Administrator/Staff Developer/Human Resource Manager at the Facility				
<b>MARK WHICH TYPE OF POSITION THIS APPLICANT IS EMPLOYED FOR:</b>				
DIRECT CARE POSITION		NON-DIRECT CARE POSITION		
<b>MARK WHICH GROUP OF RESIDENTS THIS APPLICANT WILL BE WORKING WITH:</b>				
ADULTS ONLY	CHILDREN ONLY		BOTH ADULTS AND CHILDREN	
<b>TYPE OF FACILITY:</b>	ASSISTED LIVING	ESRD	HOME HEALTH/PERSONAL CARE AGENCY	HOSPICE
	ICF/MR	NURSING FACILITY	SMALL HEALTH CARE	TCU

**PURPOSE:**  
 The purpose of the criminal background screening as part of the Department of Health (DOH) Bureau of Licensing process is to determine whether an individual has been convicted of any crime 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.

**INSTRUCTIONS:**  
 The appointed representative is responsible for submitting the completed CBS/MIS Consent and Release of Liability form to the Bureau of Licensing prior to or within ten (10) days of hire. The representative completes the "EMPLOYER SECTION" of this form, and sign in the space provided, The applicant completes and signs the reverse side of this form. Incomplete applications cannot be processed and will be returned.

If the applicant has not resided in Utah for the last five (5) years, fingerprints and business check or money order in the amount of \$24.00 per applicant must be submitted along with this form to process the FBI NCIC check.

**Send the completed form to:**

**BUREAU OF LICENSING  
 CRIMINAL BACKGROUND SCREENING UNIT  
 PO BOX 142003  
 SALT LAKE CITY UT 84114-2003**

Submit only one form for each applicant and submit only for those persons defined by the Administrator to be in a "direct" care to patient's positions.

If you have any questions or concerns pertaining to the criminal background screening, please contact the Bureau at: (801) 538-6152 or toll-free at: 1-888-287-3704 Any other questions should be directed to your employer's Human Resource Manager.

**DENIAL:** The Bureau of Licensing shall deny clearance for applicants with felony convictions and certain 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 three (3), and for false information submitted 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 once again for clearance.

When a denial occurs, the Applicant and Administrator will be notified of the action and of the applicants appeal rights.

**CONFIDENTIALITY:**  
 The Bureau of Licensing will keep the information acquired confidential, and no confidential details of the report will be released or disclosed over the phone. The Bureau will notify the applicant and their employer if they do not meet the Bureau's qualification standards for clearance based on criteria established in R432-35

**EMPLOYEE MUST COMPLETE BACK SIDE OF THIS FORM**

◆◆◆◆ APPLICANT RELEASE SECTION ◆◆◆◆  
**ONLY THIS FORM WILL BE ACCEPTED TO PROCESS YOUR CLEARANCE**



Print legibly in black ink or type

_____ <b>LAST NAME</b>	_____ <b>FIRST NAME</b>	_____ <b>MIDDLE NAME</b>	_____ <b>MAIDEN NAME &amp; ALL PREVIOUS MARRIED NAMES, ALIAS</b>	
_____ <b>DATE OF BIRTH</b>	_____ <b>GENDER (MALE/FEMALE)</b>	_____ <b>SOCIAL SECURITY NUMBER</b>	_____ <b>DRIVER'S LICENSE NUMBER AND STATE</b>	
_____ <b>CURRENT HOME ADDRESS</b>	_____ <b>CITY</b>	_____ <b>STATE</b>	_____ <b>ZIP CODE</b>	
_____ <b>AREA CODE</b>				_____ <b>HOME PHONE NUMBER</b>
<b>If you have not resided in Utah for the past five (5) years, list addresses you have lived and for how long: (attach additional sheet if necessary)</b>				
<b>ADDRESS</b>	<b>CITY AND STATE</b>	<b>FROM</b>	<b>TO</b>	

<b>ANSWER ALL OF THE FOLLOWING QUESTIONS YES OR NO</b>
<b>Have you resided in Utah continuously for the last five (5) years?</b> If "no" a completed fingerprint card and business check or money order for \$24.00 for FBI NCIC clearance must accompany this application. _____
<b>Do you have any felony convictions on your record?</b> (A felony conviction will result in non-clearance to provide "direct" care to residents. Extenuating or mitigating circumstances may allow for clearance and/or possibly a variance approval if requested by the facility.) _____
<b>Have you ever been convicted of a misdemeanor offense?</b> (Examples: Domestic Violence, simple assault, lewdness, sex solicitation, prostitution, DUI's, theft, shoplifting, dangerous drugs, distribution of controlled substance, sex offenses involving children, etc.) If "yes", documentation must be attached explaining circumstances, age of conviction(s) type of conviction(s), documentation of completion of court requirements, letters of reference, valid documentation of counseling, rehabilitation, etc. _____
<b>Are you currently awaiting trial on any felony or misdemeanor charges?</b> Attach written explanation of the charges. _____
<b>Have you ever been investigated for abuse or neglect of a child by the Utah Department of Human Services, Division of Child and Family Services (Child Protective Services) that resulted in being substantiated?</b> If "yes", explain on a separate sheet of paper – when, Why and what for. _____
<b>Have you ever been investigated for abuse or neglect of a disabled or vulnerable adult by the Utah Department of Human Services, Division of Aging and Adult Services (Adult Protective Services) that resulted in being substantiated?</b> If "yes", explain on a separate Sheet of paper – when, why, and what for. _____

I hereby authorize the Utah Department of Health to process this criminal history check pertinent to my application according to Utah Code 26-21-9.5. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of, or resulting from, furnishing such information to the Department of Health. I SWEAR THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ <b>SIGNATURE</b>	_____ <b>DATE</b>
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◆◆◆◆ FOR DEPARTMENT OF HEALTH USE ONLY ◆◆◆◆

<b>DATE RECEIVED</b>	<b>FBI APPROVAL</b>	<b>MIS APPROVAL</b>	<b>CBS APPROVAL</b>