ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
OFFICE OF LONG TERM CARE

REQUEST FOR CRIMINAL RECORD CHECK
AR920160Z

Please check: ☐ State Check Only ☐ State and Federal Check

Items Needed:
1. This form correctly completed
2. $25 check/money order made payable to "Arkansas State Police"
3. If a national (FBI) check is also required:
   a. One completed fingerprint card
   b. An additional $19.25 check/money order made payable to "Arkansas State Police"

Please see second page for instructions on routing and completion of fingerprint cards.

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Please list your facility four digit ID Code (701) _____ Type of facility: ☐ NF ☐ RCF ☐ ICF/MR ☐ OTHER

_____ _____
Name of Facility Submitting Form Address City/Zip

_____ _____
Name of Contact Person Telephone Number (include area code)

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(NOTE: Do not use this form for criminal record checks of licensed nurses)

Name of person to be checked: _____
Last Name First Name Middle Name

_____
Maiden Name Aliases Date of Birth (mo/day/yr)

_____ _____
Person's address (street, city, zip) Current or last place of employment

_____ _____ _____
Social Security Number Race Sex (M/F)

_____ _____
Driver's License Number State of Issuance

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: _____

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

Date of Change	Location	Description of charge	Sentence/Disposition

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Notice: Your current or potential employer may receive copies of the criminal records report or 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 first 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 records check on myself and release any results to the Department of Health and Human Services and my current/potential employer. I further authorize a national records check through the Federal Bureau of Investigation. I further authorize the Department of Health and Human Services to issue determinations of employment eligibility to my current or potential employer, including a private placement agency or contracted staffing company.

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)

My commission expires on _____, (yr) _____ .

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FOR ARKANSAS STATE POLICE USE ONLY
_____ 82001 Civil Records Check @ $25.00 _____ 80000 FBI Check @ $19.25

DMS-736 (04-08)

AR920160Z

PLEASE SEND THIS FORM TO:

ARKANSAS STATE POLICE
IDENTIFICATION BUREAU
1 STATE POLICE PLAZA DRIVE
LITTLE ROCK, AR 72209

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FINGERPRINT CARD: DO NOT LEAVE ANY SPACE BLANK EXCEPT OCA, FBI NO., MISC. NUMBER, AND ARMED FORCES NUMBER. THE FINGERPRINT CARD MUST BE A BLUE APPLICANT CARD WITH THE PROPER LICENSING ENTITY ORI NUMBER REPRINTED.

THE PROPER OFFICE OF LONG TERM CARE ORI IS LISTED AT THE TOP OF THIS PAGE

THE FBI REQUIRES A CLASSIFIABLE SET OF FINGERPRINT IMPRESSIONS. THE CARD WILL BE REJECTED OTHERWISE. PLEASE TYPE OR PRINT THE INFORMATION CLEARLY.

EMPLOYER SPACE: THIS IS THE SPACE TO LIST THE CARE PROVIDER EMPLOYER ("QUALIFIED ENTITY).

REASON FINGERPRINTED: "A.C.A. 20-33-203" PREPRINTED

FOR RACE USE: A = ASIAN B = BLACK I = INDIAN W = WHITE U = UNKNOWN

FOR SEX: "M" OR "F" FOR "HGT": USE FEET AND INCHES AS 5'5"

USE THE FOLLOWING THREE CHARACTER CODES FOR EYES AND HAIR:

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 TYPE "US", IF MEXICO TYPE "MEXICO" AND SO ON.

DATE OF BIRTH USE NUMERIC: AS 09-17-51

PLACE OF BIRTH: TYPE STATE OR COUNTY AS "ARKANSAS" OR "MEXICO"