

LONG TERM CARE WORKFORCE BACKGROUND CHECK APPLICATION FORM

Part 1 – Consent
Part 2 – Disclosure
Part 3 – Conditional Employment
Part 4 – Applicant Rights
Part 5 – Disclaimer

Michigan Public Acts 27, 28 and 29 of 2006 requires that a health facility or agency that is a:

- psychiatric facility
- ICF/MR
- nursing home
- county medical care facility
- hospice
- hospital that provides swing bed services
- home for the aged
- home health agency
- adult foster care facility

Shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health or adult foster care facility/agency until the health facility or agency conducts a criminal history check. *Hereafter, note that "clinical privileges" does not apply to adult foster care facility (AFC).*

An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health or adult foster care facility/agency and has received a good faith offer of employment, an independent contract, or clinical privileges shall give written consent at the time of application for the health or adult foster care facility/agency to conduct a criminal history check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

Health Facility or Agency

Date: JAN. 1, 2007

Name: BAY BLUFFS– EMMET CO. MED. CARE FACILITY

License Number: 248510

The health or AFC facility/agency:

- May not knowingly employ a worker, having direct access to patients or residents, who has been convicted of a relevant crime or has been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property. "Direct access" means regular access to a patient or resident, or to a patient's or resident's property, financial information, medical records, treatment information, or any other identifying information.
- May terminate the background check or may determine not to hire the individual at any stage of the process.
- May, after completion of all relevant registry and database checks, determine that it is necessary to conditionally employ or conditionally grant clinical privileges pending the results of the state and federal fingerprint criminal history record check.
- Must ensure that any background check information provided will only be used for the purpose of determining an individual's suitability of employment in a long-term care setting.
- Must retain verification of compliance with background check requirements.
- Will make the final employment decision, and will notify the applicant.

Part 1 – Consent

Name of Applicant: _____

Application for:

	Check One	Name of Position Type
<input type="checkbox"/>	Employment	
<input type="checkbox"/>	Independent Contractor	
<input type="checkbox"/>	Clinical Privileges <i>(does not apply to AFC)</i>	

As a condition of being considered for employment or hiring:

- a. I hereby consent to and authorize the health or AFC facility/agency to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a search of state and federal criminal history records that include a fingerprint-based check. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Community Health, Human Services, Corrections, and State Police.
- b. I hereby authorize the release of any relevant information to the health or AFC facility/agency to be used to conduct the background check as required under Michigan Public Acts 27, 28 and 29 of 2006.
- c. I hereby provide the following information necessary to conduct a criminal background check:

Drivers License or State/Canadian ID Number		Place of Birth		Date of Birth	
Race	Height	Weight	Eye Color	Hair Color	

- d. I understand that the health or AFC facility/agency will make the final employment determination. I also understand that the health or AFC facility/agency may terminate the background check or determine not to hire at any stage of the process.
- e. I understand that the health or AFC facility/agency, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an applicant due to the employment decision.

Signature of Applicant

Date

Part 3 – Conditional Employment

If the health or AFC facility/agency determines it necessary to employ or grant clinical privileges pending the results of the state and federal criminal history background check, I understand the following:

- a. If the background check does not confirm my disclosure statement made above, my employment or clinical privileges will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged or set aside.
- b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of patient or resident neglect, abuse, or misappropriation of property; I may be guilty of a misdemeanor punishable by imprisonment for not more than 93 days and/or a fine of not more than \$500.00.
- c. Further, I understand that pursuant to Michigan Public Acts 27, 28 and 29 of 2006, I agree that as a condition of continued employment, either as an employee, independent contractor, or as an individual granted clinical privileges, I shall report in writing to the health or AFC facility/agency immediately upon being arraigned or convicted of one or more of the criminal offenses as described in the "legal guide", or upon becoming the subject of an order or dispositional finding of "Not Guilty by Reason of Insanity", or upon being the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property. Reporting of an arraignment is not cause for termination or denial of employment.

Signature of Applicant

Date

Part 4 – Applicant Rights

- a. I understand that upon my request, the health or AFC facility/agency must provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. I understand that if I believe the results of any disqualifying record information found on any relevant registry or database is inaccurate, that it is my responsibility to correct the record information by directly contacting the appropriate registry/database owner.
- c. I understand that if I believe the results of the criminal history fingerprint record is inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file an appeal to the appropriate state licensing or regulatory department.

Signature of Applicant

Date

Part 5 – Disclaimer

The State of Michigan is not responsible for any additional information, requirements, or use of any substitute forms that the above named health or AFC facility/agency provides to the applicant.

Bay Bluffs – Emmet County Medical Care Facility
Facility License Number **248510**

**PLEASE COMPLETE THE ADDITIONAL INFORMATION TO BOTH THE
CRIMINAL HISTORY & FINGERPRINT CHECKS**

Current Street Address _____

City _____ State _____ Zip Code _____

County of Residence _____

Phone # (including Area Code) _____

Social Security Number _____ / _____ / _____

Citizenship _____

State of Michigan Registry Classification _____

Registry Number _____ Expiration date _____

333.20173b – Provisions to appeal findings of criminal history report.

Section 20173b. (1) An individual who has been disqualified from or denied employment by a health facility or agency that is a nursing home, county medical care facility, hospice, hospital that provides swing bed services, home for the aged, or home health agency or by a psychiatric facility or intermediate care facility for people with mental retardation based on a criminal history check conducted pursuant to section 20173 or 20173a or pursuant to section 134a of the mental health code, 1974 PA 258, MCL 330.1134a, respectively, may appeal to the department if he or she believes that the criminal history report is inaccurate, and the appeal shall be conducted as a contested case hearing pursuant to the administrative procedures act of 1969. The individual shall file the appeal with the director of the department within 15 business days (excluding Saturday, Sunday or holidays) after receiving the written report of the criminal history check unless the conviction contained in the criminal history report is one that may be expunged or set aside. If an individual has been disqualified or denied employment based on a conviction that may be expunged or set aside, then he or she shall file the appeal on a form provided by the department within 15 business days after a court order granting or denying his or her application to expunge or set aside that conviction is granted. If the order is granted and the conviction is expunged or set aside, then the individual shall not be disqualified or denied employment based solely on that conviction. The director shall review the appeal and issue a written decision within 30 business days after receiving the appeal. The decision of the director is final.