

# LONG TERM CARE WORKFORCE BACKGROUND CHECK APPLICATION FORM

Part 1 – Consent  
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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:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

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
Employment	
Independent Contractor	
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 2 – Disclosure**

a. I hereby certify that I have not been convicted of a crime or offense that prohibits my employment, hire, or granting of clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006, within the applicable time period prescribed by each crime. (Request health or AFC facility/agency to provide the “legal guide” for review purposes.)

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

b. I hereby certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of “not guilty by reason of insanity” for any crime.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

c. I hereby certify that I have not been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

d. I hereby disclose, by listing below, all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation therefore, and/or any substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

e. I hereby certify that I have read the “legal guide” that lists the prohibited offenses as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse, or misappropriation of property (if any) is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
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.

