

Caregiver Criminal Screening Act

FINGERPRINTING INSTRUCTIONS, FORMS, & CHECKLIST

To be completed by requesting department:

Name of Applicant or Employee: _____

Requesting Department: _____

Program Name (if applicable): _____

Department Index Code & Account Number: _____

(Cannot be charged to a labor index code, please provide professional services index code)

- DOH FP Checklist - Department must complete top portion of this checklist form and provide to applicant/employee to submit to Fingerprinting Services of New Mexico
- Authorization for Release of Information Form (ARI) - The applicant/employee must complete the designated (ARI) form questions, 1, 2, 3, 4, 5, 6 and return to department contact who will submit the release, along with Background Check Request to Human Resources at bcrequests@unm.edu

The Division of Human Resources will complete questions 14, 15 & 16 and return the completed ARI to the department requester. The ARI should be returned to the applicant/employee to submit to Fingerprinting Services of New Mexico. Please note: Fingerprinting Services of New Mexico will sign as the Authorized Representative.

- The applicant/employee should schedule an appointment with Fingerprinting Services of New Mexico and submit the following forms:
 - Completed Checklist
 - Completed ARI Form (sans authorized signature)
 - Clean photo copy of a valid government identification for applicant/employee

Fingerprinting Services of New Mexico
2921 Carlisle Blvd. NE, Suite 126
Albuquerque, NM 87110
505-872-2769

Incomplete or illegible applications or applications that are missing any of the required information will not be accepted by Fingerprinting Services of New Mexico or could be returned without further processing or notification.



Division of Health Improvement

CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

To Be Completed by the Authorized Representative of the Care Provider/Facility

1. Applicant's Last Name:		2. Applicant's First Name:		3. Applicant's Middle Name:	
4. Applicant's Social Security Number [][]-[][]-[][][][]		5. Applicant's Date of Birth [][]-[][]-[][][][]		6. Applicant's Date of Employment [][]-[][]-[][][][]	
7. Care Provider Agency Name*: The University of New Mexico Division of Human Resources				8. Applicant's Position*:	
9. Care Provider Address: 1700 Lomas Boulevard Northeast Suite 3700					
10. Care Provider City: Albuquerque		11. Care Provider State: New Mexico		12. Care Provider Zip Code: 87106	
13. To be completed by the Applicant: Have you ever been convicted of any felonies? If yes, give date, title and location of conviction*:					
14. Employee Abuse Registry Screening*: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			16. Type of Criminal History Screening*: <input checked="" type="checkbox"/> Nationwide and Statewide Screening (\$65.00) <input type="checkbox"/> Statewide Screening Only (\$20.00)		
15. Date of EAR Screening*: [][] [][] [][][][]			Date of Last CCHSP Criminal History Screening:		
ATTENTION: Authorized Representative , ensure this document is signed in your presence and Name, Social Security Number and Date of Birth information is verified with a valid ID.					
17. Print/Type Name of Authorized Representative:			18. Title of Authorized Representative:		
_____ Authorized Representative's Signature			_____/_____/_____ Date		

*Completion Instructions Provided

Applicant Acknowledgement

Pursuant to NSMA 1978, Section 29-10-6(A) (Repl. Pamp. 1990), of the New Mexico Arrest Record Information Act, I hereby appoint The New Mexico Department of Health as an authorized agent for me for the purpose of inspection (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information maintained by the Department of Public Safety and the Federal Bureau of Investigations, including information concerning felony or misdemeanor arrests.

To the custodian of records in question, I hereby direct you to release such information to the Authorized Agent as described above.

I am authorizing the release of said records solely for the purpose of compliance with the "Caregivers Criminal History Screening Act" NMSA 1978, Sections 20-17-1 to 5 and Section 307, Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pilot Program for National and State Background Checks on Direct Patient Access Employees of Long-term Care Facilities or Providers. It is understood that the confidentiality of said records will be maintained in accordance with the applicable law.

This authorization also constitutes, with respect to the criminal history record, permission for the Department, following an attempt to obtain clarifying information from the applicant or caregiver, to attribute, as a rebuttal presumption, disqualifying conviction status to any arrest for crimes that would constitute a disqualifying conviction and for which the arrest appearing on the nationwide criminal history record lacks a clear disposition.

All documents submitted to the Department of Health become the sole property of the Department and are not returnable.

_____ Applicant's Signature	_____/_____/_____ Date
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FOR CCHSP USE ONLY		
Date of Last Clearance	Status of Last Clearance	PACT Data Updated



COMPLETION INSTRUCTIONS

CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM AUTHORIZATION FOR RELEASE OF INFORMATION

7.	Name of the Care Provider on file with the Caregivers Criminal History Screening Program. If this is the care providers first time submitting criminal history screenings please submit a <i>New Care Provider/Facility Information Form</i> . This form can be found at http://dhi.health.state.nm.us/cchsp
8.	Applicant's Position: use the selections detailed below when completing this section. Select the corresponding number and place in the Caregivers Criminal History Screening Program Authorization For Release of Information.
13.	Applicant must provide all known substantiated findings of abuse, neglect or exploitation or any felony criminal history to the department upon submission of the criminal history screening application.
14.	If the applicant or caregiver falls under the requirements of the Employee Abuse Registry Act of 2005 (7.1.12 NMAC) the care provider must select if they screened the applicant or caregiver with the Employee Abuse Registry.
15.	Date which the applicant or caregiver was screened against the Employee Abuse Registry.
16.	Type of Criminal History Screening: must select either a full nationwide and statewide screening or the modified statewide only screening. If a statewide only screening is requested the applicant, caregiver, or hospital caregiver's pertinent identifying information will be verified by Caregivers Criminal History Screening Staff for eligibility.

EXECUTIVE, ADMINISTRATIVE, MANAGERIAL

1. Clerical	The person responsible for the facility's administrative clerical services, such as personnel record-keeping, book-keeping, word-processing, filing, etc.
2. Director/Business Manager	The person responsible for the administrative and managerial activities at the facility. Includes the director, assistant director, business manager, unit managers and other staff in the individual departments
3. Nursing Home Administrator	The person who is licensed in the state where the nursing home is located, and is responsible for planning, organizing, directing and controlling the operation of a nursing home. Includes the administrator and assistant administrator.
4. Other	Other executive, administrative, managerial employee categories.

PROFESSIONAL/LICENSED HEALTH CARE

5. Dentist	A physician licensed to practice dentistry according to state law in the state in which the facility is located.
6. Dietitian	A person employed full, part-time, or on a consult-ant basis, who is either registered by the Commission of Dietetic Registration of the American Dietetic Association, or is qualified to be a dietitian on the basis of experience in identification of dietary needs, planning and implementation of dietary programs.
7. Licensed Practical /Licensed Vocational Nurse	A person licensed to practice as a licensed practical/vocational nurse in the state where the facility is located.
8. Medical Director	A person licensed as a physician designated as responsible for implementation of patient or resident care policies and coordination of medical care in the facility.
9. Mental Health Professional	A person licensed to practice psychiatry or psychology according to state law in the state in which the facility is located.
10. Occupational/Vocational Therapist	A person licensed/registered as an occupational or vocational therapist according to state law in the state in which the facility is located.
11. Pharmacist	A person licensed by the state to perform a variety of functions, including providing consultation on pharmacy services, establishing a system of records of controlled drugs, overseeing records and reconciling controlled drugs, and/or performing a monthly drug regimen review for each resident or patient.
12. Physical Therapist	A person licensed/registered to practice physical therapy services according to state law in the state in which the facility is located.

13. Physician	A person licensed to practice as a physician, in the state where the facility is located, other than the medical director, who examines, treats, operates, prescribes, or advises in the diagnosis or prevention of human health conditions.
14. Physician Extender	Any allied health professional, such as a nurse practitioner, clinical nurse specialist, or physician assistant who performs physician delegated services.
15. Podiatrist	A physician licensed to practice podiatry according to state law in the state in which the facility is located.
16. Registered Nurse	A person licensed to practice as a registered nurse in the state where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not physician delegated tasks. Includes the Director of Nursing and nurses with administrative duties.
17. Social Worker	A person licensed/registered as a social worker according to state law in the state in which the facility is located.
18. Speech/Language Pathologist	A person licensed/registered to provide speech therapy and related services (e.g., teaching a resident to swallow) according to state law in the state in which the facility is located.
19. Other	Other professional/licensed employee categories.

TECHNICAL, UNLICENSED HEALTH CARE

20. Feeding Assistant	A person who assists residents in a long-term care facility who have no complicated feeding problems with the activities of eating and drinking.
21. Medication Aide/Technician	A person, other than a licensed professional, who fulfills the state requirements for approval to administer medications to patients or residents.
22. Nurse Aide	A person who has completed a state-approved nurse aide training and/or competency evaluation program approved by the state, or has met other requirements as determined by the state, for inclusion on the state nurse aide registry, and is approved to provide nursing related services to patients or residents.
23. Nurse Aide in Training	A person who is enrolled in a state-approved nurse aide training and competency evaluation program. Nurse aides in training may provide nursing-related services for which they have been trained and found proficient, while under the supervision of a licensed or registered nurse.
24. Occupational/Vocational Therapy Aide	A person who has specialized training to assist an OT or VT to carry out the OT's or VT's comprehensive plan of care under the direct supervision of the therapist, in accordance with state law.
25. Occupational/Vocational Therapy Assistant	A person who, in accordance with state law, has a license/certification and specialized training to assist a licensed, certified, and/or registered Occupational Therapist (OT) or Vocational Therapist (VT) to carry out the OT's or VT's comprehensive plan of care, without the direct supervision of the therapist.
26. Orderly, Attendant	A person, usually without medical training, who performs basic patient care under the direction of the nursing staff. Duties may include feeding, bathing, dressing, grooming, or moving patients, or changing bed linens.
27. Personal Care Worker	A person who assists with the activities of daily living and basic tasks such as bathing, dressing, grooming and eating, as well as with self-administration of medications and preparing special diets.
28. Physical Therapy Assistant	A person who, in accordance with state law, has a license/certification and specialized training to assist a licensed, certified, and/or registered Physical Therapist (PT) to carry out the PT's comprehensive plan of care, without the direct supervision of the therapist.
29. Physical Therapy Aide	A person who has specialized training to assist a PT to carry out the PT's comprehensive plan of care under the direct supervision of the therapist, in accordance with state law.
30. Other	Other technical, unlicensed employee categories.

IV. LABORATORY AND RADIOLOGY SERVICES

31. Laboratory Technician	A person who performs routine clinical laboratory tests on blood, tissue, and body fluids to help in the diagnosis and treatment of diseases, under the supervision of a medical technologist. Duties include collecting blood samples, preparing chemical solutions, preparing and analyzing specimens, keeping records of laboratory tests, running and maintaining quality control, troubleshooting instrumentation, and reporting results to head nurses or physicians.
32. Radiology Technician	A person who operates radiographic and radiation therapy equipment to administer radiation treatment and produce images of body structures for the diagnosis and treatment of injury and disease. Radiation technologists who are supervisors or instructors are included in this category.
33. Other	Other laboratory or radiology employee categories.

V. FOOD SERVICES

34. Cook	A person whose primary responsibility is to prepare the food at a facility.
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35. Food Preparer	A person who assists in the preparation of food and performs general custodial work in the kitchen.
36. Waiter, Waitress	A person whose duties include preparing tables for a meal, taking residents' orders and serving food in a facility.
37. Other	Other food service employee categories.

VI. HOUSEKEEPING SERVICES

38. Cleaner	A person who performs washing and cleaning of laundry in a facility.
39. Janitor	A person responsible for the cleaning and maintenance of a facility. May include a building superintendent or maintenance engineer.
40. Maid	A person responsible for the cleaning of a facility. May include the housekeeping supervisor.
41. Other	Other housekeeping employee categories.