

Name of Applicant: _____

Facility No: _____

PERSONAL BACKGROUND HISTORY STATEMENT

State law requires that persons associated with any DHCS licensed facilities be fingerprinted and disclose any conviction(s) (Welfare and Institutions Code § 5405.) A conviction is any plea or verdict of guilty or a conviction following a plea of nolo contendere.

FACILITY INFORMATION

Please select the facility type you are applying for:

MENTAL HEALTH REHABILITATION CENTER PSYCHIATRIC HEALTH FACILITY

FACILITY NAME: _____

FACILITY NUMBER: _____

POSITION APPLYING FOR: _____

PART I: CRIMINAL RECORD STATEMENT

1. Have you ever been convicted of a crime?

Yes No

You need not disclose any marijuana-related conviction(s) covered by the marijuana reform legislation codified at Health and Safety Code section 11361.5 and 11361.7.

a. If you answer "yes" to question 1, please describe the nature and circumstances of each crime, location, and dates of conviction and incarceration. (Use additional sheets of paper, if needed.)

2. If you have ever been convicted of any crime, have you complied with all terms of:

- a. Parole Yes No
- b. Probation Yes No
- c. Restitution Yes No
- d. Any other sanction Yes No

Please explain any "no" answer given above. (Use additional sheets of paper, if needed.)

3. If you have ever been convicted of any crime, please explain or attach any evidence of rehabilitation. (Use additional sheets of paper, if needed.)

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PART II: LICENSE, CERTIFICATE, AND PERMIT STATEMENT

License/Certificate/Permit Type:

- Mental Health Professional
- Medical Professional
- Other Professional
- Unlicensed Staff

Current License/Certificate/Permit Name: _____

Current License/Certificate/Permit Number: _____

Issue Date: _____

Expiration Date: _____

State of Current License, Certificate, or Permit: _____

1. Do you have or have you ever had any administrative action taken against you by a federal, state or local government agency (e.g. denial, suspension, probation, or revocation of a license, permit, or certificate and or disciplinary action)?

- Yes
- No

a. If you answer “yes” to question 1, please describe the nature and circumstance of any administrative action, the location, and date. (Use additional sheets of paper, if needed.)

2. Is there any pending administrative action taken against you by any federal, state or local government agency, such as a disciplinary action or pending investigation against your license, certificate, or permit?

- Yes
- No

a. If you answer “yes” to Question 2, please describe the nature and circumstance of any pending administrative action, disciplinary action or pending investigation, the location, and date such action or investigation began. (Use additional sheets of paper, if needed.)

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DISCLOSURES:

The Department may share the information provided by you with other state agencies in connection with the criminal background check. In addition, under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public.

WARNING: Pursuant to Welfare and Institutions Code § 5405(b)(3), an applicant who knowingly or willfully makes false statements, representations, or omissions may be subject to administrative action, including, but not limited to, denial of his or her application or exemption or revocation of any exemption previously granted.

I declare under the penalty of perjury under the laws of the State of California that to the best of my knowledge my responses and any accompanying attachments are true and correct.

YOUR FIRST NAME: _____

YOUR MIDDLE INITIAL: _____

YOUR LAST NAME: _____

YOUR SOCIAL SECURITY NUMBER: _____

YOUR DATE OF BIRTH: _____

YOUR E-MAIL ADDRESS: _____

YOUR MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBER: _____ ATI #: _____

SIGNATURE: _____ DATE: _____

Instructions to Applicant :

Please print this form, sign your name and submit via email, mail or FAX to:

**California Department of Health Care Services
Mental Health Services Division
Program Oversight and Compliance Branch
Licensing and Certification Section – Criminal Background Check Unit
P.O. Box 997413, M.S. 2801
Sacramento, CA 95899-7413**

MHCBC@dhcs.ca.gov

Phone number: (916) 324 – 2744

FAX number: (916) 440 – 5496

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the California Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is given for the request of the Social Security Number (SSN) on this form and for information pertaining to your personal background--specifically, any criminal or administrative actions taken by a governmental entity against you

Social Security Number: The California Department of Health Care Services (DHCS) uses a person's SSN as an identifying number for internal verification and administrative purposes in connection with the criminal background check authorized under Welfare & Institutions Code Section 5405 and California Civil Code Section 1798.85(b). The requested SSN is voluntary. However, failure to provide the SSN may delay the processing of this form and the criminal record check.

Personal Background History: In order to obtain a license for or to work at a licensed facility, the law requires that you complete a criminal background check. See Welfare & Institutions Code Section 5405. The DHCS will create a file concerning your criminal background check that will contain certain documents, including information that you provide. The requested information is part of a background clearance process pursuant to Welfare and Institutions Code Section 5405 to obtain a license for or to work at a licensed facility. Failure to provide the information may result in your facility not being licensed or a denial of your ability to work at a licensed facility.

Obtaining information and access to your records: You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798, et seq.). You may contact DHCS Criminal Background Check Unit using the contact information listed on page 3 of this document. This unit is responsible for the system of records and who shall upon request inform you of the location of your records and the categories of any person who uses the information in those records.