

SECTION 1. ENTITY INFORMATION

1A. ENTITY REQUESTING VERIFICATION _____ 1B. NAME OF THE CONTACT PERSON OF THE ENTITY _____ 1C. SECONDARY ENTITY NAME _____

2A. NAME OF THE CONTACT PERSON OF THE ENTITY _____ 2B. ENTITY PHONE _____

3. ONLY REQUIRED FOR EMPLOYMENT WITH PUERTO RICO GOVERNMENT AGENCY AGENCY _____ PROGRAM _____

POSITION NUMBER _____ (IF THERE ISN'T, TYPE "NONE") EMPLOYMENT CLASSIFICATION : _____ IDENTIFICATION NUMBER OR EMPLOYEE NUMBER: _____

Permanent regular Transitory Employment Agency Work-study / professional practices Voluntary Contract

SECTION 2. INFORMATION OF THE APPLICANT TO BE VERIFIED CREDENTIALS AND FINGERPRINTS

4. SOCIAL SECURITY NUMBER _____ 5. DATE OF BIRTH (MM/DD/YYYY) _____ / _____ / _____ 6. GENDER F M OTHER _____

7. HEIGHT _____ " WEIGHT _____ POUNDS

8. NAME IN PRINT WRITING ACCORDING TO YOUR DRIVER'S LICENSE OR VALID PHOTO ID. TYPE N/A IN THE BOX IF YOU DO NOT HAVE A MIDDLE NAME

NAME: _____ SECOND NAME: _____ PATERNAL LAST NAME: _____ MATERNAL LAST NAME: _____

TYPE IN PRINT WRITING THE OTHER NAMES, SECOND NAMES, AND SURNAMES YOU HAVE USED. TYPE N/A IF YOU ARE NOT KNOWN BY ANOTHER NAME

NAME: _____ SECOND NAME: _____ PATERNAL LAST NAME: _____ MATERNAL LAST NAME: _____

NAME: _____ SECOND NAME: _____ PATERNAL LAST NAME: _____ MATERNAL LAST NAME: _____

9. U.S. CITIZEN YES _____ NO _____ COUNTRY OF BIRTH _____ 10. EYE COLOR

PERMANENT RESIDENT NO. ID _____ FOREIGNER AUTHORIZED TO WORK NO. ID _____

BLACK BROWN GREEN GRAY MULTICOLORED
 BLUE MAROON HAZEL PINK UNKNOWN

11. RACE CAUCASIAN, MEXICAN, PUERTO RICO, CUBAN, CENTRAL OR SOUTH AMERICAN
 ASIAN
 BLACK
 NATIVE AMERICAN

12. HAIR COLOR BLACK BLONDE OR STRAWBERRY RED OR AUBURN SANDY
 BROWN GRAY OR PARTIALLY GRAY WHITE BLUE
 UNKNOWN BALD GREEN ORANGE
 PURPLE

13. IDENTIFICATION DRIVER'S LICENSE NO. _____ EXP. _____ / _____ / _____ ISSUING AUTHORITY _____

PASSPORT NO. _____ EXP. _____ / _____ / _____ ISSUING AUTHORITY _____

OTHER NO. _____ EXP. _____ / _____ / _____ ISSUING AUTHORITY _____

14. PHONE NUMBER () _____ - _____ 15. EMAIL _____ @ _____

16. CURRENT PHYSICAL ADDRESS TIME IN THIS ADDRESS - SINCE MONTH _____ YEAR _____

ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

WRITE IN PRINT LETTERS YOUR MAILING ADDRESS TO WHICH WE CAN SEND CONFIDENTIAL INFORMATION IF DIFFERENT FROM THE PHYSICAL ONE

ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

17. HAVE YOU LIVED IN SOME OTHER ADDRESS IN THE LAST 5 YEARS? YES NO WHERE?

1. PREVIOUS ADDRESS TIME IN THIS ADDRESS SINCE MONTH _____ YEAR _____ UNTIL MONTH _____ YEAR _____

ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

2. PREVIOUS ADDRESS TIME IN THIS ADDRESS SINCE MONTH _____ YEAR _____ UNTIL MONTH _____ YEAR _____

ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

3. PREVIOUS ADDRESS TIME IN THIS ADDRESS SINCE MONTH _____ YEAR _____ UNTIL MONTH _____ YEAR _____

ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

18. You must answer the following questions. Add an additional piece of paper if you need to add additional crimes or pending charges.

18A. Have you been convicted of any charges or crimes? Yes No If yes, complete the following spaces:

Final Disposition: _____ Country: _____ Date of offence: _____ / _____ / _____ In which Court _____

Final Disposition: _____ Country: _____ Date of offence: _____ / _____ / _____ In which Court _____

18B. Do you have (pending) charges against you for any crime? Yes No If yes, fill in the following spaces :

1. Final Disposition: _____ Country: _____ Date of offence: _____ / _____ / _____ In which Court _____

2. Final Disposition: _____ Country: _____ Date of offence: _____ / _____ / _____ In which Court _____

18C. Have you been prosecuted and found not guilty of any crime? Yes No Date of offence: _____ / _____ / _____ In which Court _____

18D. Have you been prosecuted and found guilty of any crime? Yes No Date of offence: _____ / _____ / _____ In which Court _____

18E. Has a court or agency issued an order or notice stating that you have sexually abused, physically abused, neglected, abandoned or exploited a child, disabled or vulnerable adult? Yes No

18F. Has any government agency ever denied, canceled, or revoked a contract due to negligence of children, seniors, or the disabled? Yes No

18G. Has any government agency ever denied, canceled, or revoked a license due to negligence of children, seniors, or the disabled? Yes No

18H. Have you ever given up your contract or license because a government agency intervened against you for negligence of children, seniors, or the disabled? Yes No

18I. Has any court ever issued orders against you for mistreatment, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, disability, or child? Yes No

- Protective Order/Permanent Restraining Order* for Vulnerable Adults, Whether Active or Expired..... Yes No
- A protective order due to sexual assault Yes No
- Permanent anti-attack civil protection order*, whether active or expired. See the definition of "permanent" in the instructions..... Yes No

19. CURRENTLY WORKING? Yes No LOOKING FOR A JOB? Yes No STUDENT/INTERN? Yes No JOB OFFER? Yes No

Name of the current Employer or with a job or internship offer _____ Start date _____ / _____ / _____ Current position or has occupied _____

ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

PREVIOUS PATRON NAME _____ POSITION _____ SINCE MONTH _____ YEAR _____ UNTIL MONTH _____ YEAR _____

TELEPHONE _____ ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

PREVIOUS PATRON NAME _____ POSITION _____ SINCE MONTH _____ YEAR _____ UNTIL MONTH _____ YEAR _____

TELEPHONE _____ ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

20. I accept that I am the person mentioned above.

I understand that if I do not tell the whole truth on this form I may be charged with perjury, I could violate Act No. 300 of September 2, 1999 as amended. by Law No. 224 of December 17, 2015 and I may not be authorized to offer services and / or work with vulnerable adults, minors or children. I understand and agree that my signature in box number 21 means that:

- I authorize the PR Department of Health (PRDOH) to check my background with any government entity and law enforcement agency.
- The result of my background check may include information previously disclosed by myself and fingerprint results that are in the PRDOH Background Check system, and that this information will be reported as permitted by federal and/or state law.
- If a final finding is identified, the PRDOH will be able to report my name and that a finding was identified in the credential verification result.
- I authorize the PR Department of Health (PRDOH) to turn over the result of my background check to the individuals or entities mentioned in Section 1
- This form must be signed and delivered on the day of the appointment for fingerprinting.

21. REQUIRED: YOUR SIGNATURE. _____ PARENT OR GUARDIAN IF UNDER THE AGE OF 18. _____ TODAY'S DATE DAY/MONTH/YEAR) _____ / _____ / _____

INSTRUCTIONS FOR FILLING OUT AUTHORIZATION FOR CREDENTIAL VERIFICATION AND CRIMINAL HISTORY PRDOH 01-224 SP

PR HEALTH DEPARTMENT (PRDOH) 01-224 SP

These instructions provide you with general instructions for filling out the credential and criminal history verification authorization form. This form is used by multiple PRDOH programs to meet various credential and criminal history verification needs. The PRDOH monitoring program requiring verification of credentials and criminal history, it could have additional instructions that you must follow.

El Programa de Verificación de Credenciales e Historial Delictivo de Puerto Rico (por sus siglas en inglés PRBCP) no puede realizar la verificación de credenciales e historial delictivo a menos que se completen todos los encasillados requeridos. Los encasillados requeridos tienen la palabra REQUERIDO: al lado del número del encasillado, como se muestra en el siguiente ejemplo:

IMPORTANT: If you do not provide all the required information, your background check will be delayed.

ATTENTION ENTITIES AND PERSONNEL OF THE DSPR: Deliver this authorization form only once. Multiple deliveries of the same authorization form cause delays in the processing of background checks.

SECTION 1: TO BE COMPLETED BY THE ENTITY REQUESTING THE BACKGROUND CHECK

This section must be filled out by the entity requesting the background check. Entities are generally government agencies, contracting authorities and suppliers external parties who submit credential and criminal history verification requests to the PR Background Check Program office.

Box no. Instructions

- 1A Type the name of the entity requesting the background check.
- 1B Type the full address of the entity mentioned in box 1A.
- 1C Type the name of the entity associated with the background check. A secondary entity could be a contractor, subcontractor, or other entity associated with this background check. The surveillance program will give you instructions on how to use this box.
- 2A-B Provide in print letter the name of the contact person of the sending entity to do the background check and the phone number of the entity
- 3 Complete this box ONLY if the background check is for government employment purposes. Third-party do not fill out this box.

SECTION 2: TO BE FILLED OUT BY THE APPLICANT

This section must be filled out by the applicant. The applicant is the person whose background we are checking. Except as provided in these instructions, the staff of the PRDOH must not fill out Section 2 by the applicant. Note: Adult Protective Services ("APS") program staff can fill out the information of the applicant for a background check for an APS investigation.

Box no. Instructions

- 4 Your social security number is required. Your social security number helps the Central Background Check Unit relate your name and date of birth with existing records in our database could speed up the processing of your background check.
- 5 Write down your date of birth including the month, day, and year.
- 6 Enter your gender.
- 7 Write down your height and weight.
- 8 Current Name: Enter your first name, middle name, and last name as they appear on your current driver's license or other primary photo ID. (See the example below)
Government-issued photo IDs that are accepted include any federal, state, or local government-issued identification, U.S. military identification, U.S. or foreign passport, or federally recognized tribal ID. Type N/A in each box where you don't have a name to type.

REQUIRED: WRITE YOUR NAME IN PRINT LETTER AS IT APPEARS ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. TYPE N/A IN THE BOX IF IT HAS NO NAME

NAME: MARIA	SECOND NAME: DE LOURDES	PATERNAL LAST NAME: TORRES	MATERNAL LAST NAME: SEPULVEDA
-------------	-------------------------	----------------------------	-------------------------------

Other names: Type in print letter all other names, intermediate names or surnames that you have used. The other names include nicknames, birth names, maiden names, etc. If you have not used any other name, intermediate name or surname, you must type N/A in the appropriate box.
Do not leave any box blank. (See examples below)
Example 1 – how to write two nicknames and a maiden name. No other intermediate name has been used.

REQUIRED: WRITE IN PRINT LETTER ALL OTHER NAMES, SECOND NAMES AND SURNAMES YOU HAVE USED. TYPE N/A IN THE BOX IF YOU ARE NOT KNOWN BY ANOTHER NAME

NAME:	SECOND NAME:	PATERNAL LAST NAME:	MATERNAL LAST NAME:
LOURDES	MARIA	SEPULVEDA	N/A
LOURDES	SEPULVEDA		

Example 2 – when to write N/A because no other name, middle name or surname has been used.

REQUIRED: WRITE IN PRINT LETTER ALL OTHER NAMES, SECOND NAMES AND SURNAMES YOU HAVE USED. TYPE N/A IN THE BOX IF YOU ARE NOT KNOWN BY ANOTHER NAME

NAME:	SECOND NAME:	PATERNAL LAST NAME:	MATERNAL LAST NAME:
N/A	N/A	N/A	N/A

- 9 Indicates U.S. citizen, country of birth, your legal resident no. ID or alien authorized to work no. ID.
- 10-11-12 Mark your eye color, race and hair color.
- 13 Write down your driver's license or passport or ID issued by the state and state in which it was issued.
- 14 Phone number where you can be reached during the day.
- 15 Please provide an email address at which we can contact you.
- 16 Enter your physical address. If your physical address and indicate the time living in it.
Write down your mailing address to which BCCU can send you confidential information, such as a copy of your background check result.
- 17 You have lived continuously in the same direction without living in another address, town, state or country for the past five years (60 months), answer YES. If you have lived in any other town, state or country or address other than the one indicated in number 16 during the last five years (60 months), answer YES and indicate the previous addresses and the dates you were in them (from month and year..) Use another paper if necessary or need more space.
See important information on how to answer self-disclosure questions according to the description for box 18.

Box no. Instructions

- 18 18a – You must check YES or NO. If you check YES, you must write the name of the crime, the degree (if you have it), the status, and the date of conviction (MM/DD/YYYY).
If you need to complete additional sentences, add an additional piece of paper to the background check authorization form. Include your name and all required information listed above.
18b - You must check YES or NO. If you check YES, you must write the name of the pending indictment, the degree (if any), and the status. If you need to complete additional pending indictments, add a sheet of paper to the background check authorization form. Include your name and all required information listed above
18c - 18i Read each question carefully before answering. You must check YES or NO.
- 19 Answer YES/NO if you are working, looking for a job or a job offer. Write the name of your current employer or with whom you have a job offer, start date and position.
Write down the names of your previous employers, start date, termination date, and position. If you need more space please include an additional blank sheet.
- 20 Read the declarations in box 20 Your signature in box 21 means that you have read, understood and accepted the declarations listed in box 20.
- 21 Sign your name as it appears in box 8. If you are not 18 or older, a parent or guardian must sign for you.
Write the month/day/year (MM/DD/YYYY) in which you signed box 21.

IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS: Your answers to self-disclosure questions become part of your history of background checks and are stored in the PRDOH database. Own disclosures are reported as part of your background check, such as any other background check history we receive.

It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions in the same way each time you fill out the background check authorization form, unless the question has changed or the previous answer was incorrect.

It is also recommended that you consult prosecution documents, court records, or others. official documents listing your criminal convictions, pending indictments, dates and other data exactly as they appear in those documents. If you have questions about the credential and criminal history verification process, please contact:

prbackgroundcheck@salud.pr.gov o al teléfono (787)765-2929 EXT 9032, 5802, 6811, 6812, 6813, 6816