

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
FORM C

ACCOUNT NUMBER : 7428-C

To: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515)281-5138
(515)242-6876 (fax)

From: Twilight Acres

600 West 6th Street
Wall Lake, Iowa 51466
Phone # 712-664-2488
Fax# 712-664-2698

I am requesting an Iowa Criminal History Check on:

(Type/Print Legibly)

REQUEST

Maiden Name

Mandatory

First Name

Mandatory

Middle Name

Recommended

Married Names

List ALL

Mandatory

Date of Birth

Mandatory

Sex

Mandatory

Social Security Number

Mandatory

Signature of Requestor

There is a separate Form "C" required for each last name submitted.

DCI Use Only

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record Attached

No CCH Record

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.

<u>Signature</u>	<u>Date</u>
------------------	-------------

Form No.595-1490 (10/99)

Please complete form and sign. Detatch the form and seal in envelope provided for privacy.
Return to Twilight Acres along with the application.

Facility: _____ Today's Date: _____

New Employee or Change of Employee Information Worksheet

Legal Last Name: _____ Legal First Name: _____

Maiden Name: _____ Prof. License #/State: _____

Middle Initial: _____ EMP#: _____ SS#: _____ DOB: _____

Current Street Address: _____

Current City: _____ Current State: _____ Current Zip: _____

Pursuant to federal law, health care providers are prohibited from employing individuals who have been placed on the OIG Exclusion List maintained by the Attorney General's Office of the United States or the EPLS List. Employers have a continued obligation to periodically check whether employees have been placed on these lists and must maintain current information regarding the identification of their employees.

Have you ever been known by another legal last name? Y N If so, list all other legal last names: _____

Do you go by a different first name, other than your legal name? Y N If so, list all other legal first names: _____

Previous States you have worked in: _____

Do you have knowledge of being placed on the OIG Exclusion List? Y N If so, when? _____

Please explain if you answered yes: _____

Have you ever had a professional license subject to suspension or revocation? Please explain: _____

Have you ever voluntarily relinquished your professional license? Please explain: _____

Please read carefully before signing: I certify that the above information provided is true and complete to the best of my knowledge. I understand that the Facility may investigate all statements made in this document and that any false or misleading information I have provided can result in a decision to immediately discharge or lead to civil or criminal penalties as appropriate.

Signature: _____ Date: _____