
Delivery via email to: cvann@townvillagetulsa.com

November 20, 2025

License Number: AL7402

Ms. Cindy Vann, Administrator
Inspirations Of Bartlesville
3737 Southeast Camelot Drive
Bartlesville, OK 74005

RE: Survey Event ID: NOFH11

Dear Ms. Vann:

On **November 13, 2025**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **November 13, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: <http://www.ok.gov/health>. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

- (1) Address how corrective action will be accomplished for affected residents;
- (2) Address how other residents with the potential to be affected will be identified;
- (3) Address measures or systemic changes to ensure the deficiency will not recur;
- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action and monitoring will be completed for each violation;
- (6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish

the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record, and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to: IDRCoordinator@health.ok.gov

or mail to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER INSPIRATIONS OF BARTLESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 SOUTHEAST CAMELOT DRIVE BARTLESVILLE, OK 74005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS A relicensure survey was conducted from 11/12/25 through 11/13/25. Facility Census: 19 Listed below are abbreviations that will be used throughout this document. CNA - certified nurse aide	C 000		
C6000 SS=E	63 OS 1-1947(F) Criminal History Background Check (F) Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. This subsection and subsection D of this section shall not apply to the following: 1. An individual who is employed by, under independent contract to, or granted clinical privileges with, an employer on or before November 1, 2012. An individual who is exempt under this subsection is not limited to working within the employer with which he or she is employed, under independent contract to, or granted clinical privileges. That individual may transfer to another employer that is under the same ownership with which he or she was employed, under contract, or granted privileges. If that individual wishes to transfer to another employer that is not under the same ownership, he or she may do so provided that a registry screening and criminal history record check are	C6000		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C6000	Continued From page 1 conducted by the new employer in accordance with subsection I of this section. a. If an individual who is exempt under this subsection is subsequently found, upon seeking transfer to another employer, ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, then the individual is no longer exempt and shall be terminated from employment or denied employment. b. If an individual who is exempt under this subsection is subsequently found ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, based on disqualifying events occurring after November 1, 2012, then the individual is no longer exempt and shall be terminated from employment; and 2. An individual who is an independent contractor to an employer, if the services for which he or she is contracted are not directly related to the provision of services to a service recipient or if the services for which he or she is contracted allow for direct patient access to service recipients but are not performed on an ongoing basis. This exception includes, but is not limited to, an individual who independently contracts with the employer to provide utility, maintenance, construction, or communications services.	C6000		

Oklahoma State Department of Health

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C6000	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employee criminal history background checks and offender registry checks were obtained for 2 (CNA #1 and CNA #2) of 5 sampled facility employees reviewed for background checks. The administrator identified 19 residents resided in the facility. Findings: A facility associate handbook, dated 03/2024, read in part, "Establishing and maintaining a safe, secure home for our residents and workplace for our associates is one of our highest priorities. The Company recognizes the importance of maintaining a safe, secure workplace with associates who are qualified, reliable and nonviolent, and who do not present a risk of serious harm to their co-workers or others." 1. An untitled undated document showed CNA #1 was hired 07/28/25. CNA #1's employment records were reviewed. There was no documentation of criminal background checks or registry checks. 2. An untitled undated document showed CNA #2 was hired 08/15/25.	C6000		

Oklahoma State Department of Health

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C6000	Continued From page 3 CNA #2's employment records were reviewed. There was no documentation of criminal background checks or registry checks. On 11/13/25 at 2:54 p.m., the administrator was asked to explain the facility's procedure for ensuring new employees did not have a disqualifying criminal history. The administrator stated they first had the employees get fingerprinted and background checks were performed. They stated they also did online registry checks. On 11/13/25 at 2:59 p.m., the administrator stated their company had recently purchased the facility and they had just taken over as the administrator. They stated CNA #1 and CNA #2 had worked for the previous owners of the facility and they thought that company would ensure the required background checks would have been done. The administrator was asked if they could obtain the criminal history background and the offender registry checks. The administrator stated they could not find any documentation for CNA#1 and CNA #2 criminal history background checks and the offender registry checks were completed.	C6000		



OKLAHOMA
State Department
of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 12/2/2025

Facility Name: Inspirations Of Bartlesville

License Number: AL7402

Survey Event ID: NOFH11

Date Survey Completed: 11/13/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C6000

Based on: The facility failed to ensure employee criminal history background checks and offender registry checks were obtained for 2 (C.N.A #1 and C.N.A 2) of 5 sampled facility employees reviewed for background checks.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Assisted living facility will ensure all background checks are completed prior to employees being hired

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained?
Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

All employees files have been audited for the finger printing background check. Individuals identified are in the process to be completed by 12/15/2025

Appropriate staff will be in-serviced on proper procedure for background checks for new employees 12/1/2025

Facility new hire checklist will be implemented to ensure background checks are being completed 12/15/2025

All new hire files will be audited monthly for the next six months

Enter methods to evaluate for effectiveness:

Enter methods to incorporate into QA system:

Enter methods to keep monitoring records:

Administrator's Signature *Cheryl Vann* Administrator signature required.

Date 12/2/2025

OAC 310:663-25-4(F)

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date Enter a date of addendum.

Submitted by

Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.

Inservice/Training Record of Attendance

Sign-In Sheet

Grace Management, Inc.

Location of Inservice Training: Inspirations of Bartlesville
Name of Inservice Training: Proper procedure for Background Checks
Presented By: Cindy Vann Credential #: _____
Inservice Training Date: 12/11/2025 Time: 2:00
Trainer Signature: Cindy Vann Date: 12/11/2025

ATTENDEES

PRINT NAME

SIGNATURE

TITLE

EMAIL

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

MARTI MILLEY
NICKY AIDEN

Marti Mil
Nicole Aiden

Business Office Mgr.
Wellness Director

mmiley@townvilleartsa.com
nalden@inspirationsof
bartlesville.com



OKLAHOMA
State Department
of Health

Employers must ensure all applicants provided a valid government photographic identification, provided written consent and release for registry screening and, upon submission of fingerprints, for the OSBI and FBI to conduct a state and national criminal history record search pursuant to Title 63, Section 1-1947, prior to the employer entering any of the applicant's information into OK-Screen.

A copy of the following must be retained, in the employee's personnel file for future audit purposes:

1. *Copy of Consent & Release Form 11-2024*
2. *Employment Application*
3. *Copy of Applicant's Valid photo ID*
4. *Copy of the Applicant's Social Security Card*
5. *Provisional Employment Form (If Applicant is Hired Provisionally)*
6. *OK Final Registry Results*
7. *OSDH Notification of Clearance*

General Employment Practices

Recruiting/Hiring Practice

The recruitment, employment, transfer, promotion, and retention of associates will be based on factors including but not necessarily limited to (in no particular order):

- Conduct
 - Education, Training, Certification
 - Experience
 - Interviews
 - Job Performance
 - Performance Tests
-

Employment Eligibility and Work Authorization

Grace Management Inc. is committed to employing only individuals who are authorized to work in the United States and who comply with applicable immigration and employment law. As a condition of employment, every individual must provide satisfactory documentation of their identity and employment authorization to work in the United States within three business days after their first day of commencing employment. If the associate cannot verify their right to work in the United States within three business days after the first day of employment, the Company will be required to terminate their employment immediately.

Background Checks

Establishing and maintaining a safe, secure home for our residents and workplace for our associates is one of our highest priorities. The Company recognizes the importance of maintaining a safe, secure workplace with associates who are qualified, reliable and nonviolent, and who do not present a risk of serious harm to their co-workers or others. To promote these concerns and interests, the Company reserves the right to investigate an individual's prior employment history, personal references and educational background, as well as other relevant information. Consistent with legal or contractual requirements, the Company also reserves the right to obtain and review an applicant's or associate's criminal conviction record and related information, and to use such information when making employment decisions to the extent permissible under applicable law.

A pending criminal matter may be considered in appropriate circumstances for business-related reasons, consistent with applicable law. All background checks will be conducted in strict conformity with the federal Fair Credit Reporting Act (FCRA), applicable state fair credit reporting laws, and state and federal antidiscrimination and privacy laws.

Consent and Release Form

Crimes That May Block Your Employment

Long Term Care Security Act – Title 63 O.S. Section 1-1945 *et. seq.*

You must be fingerprinted to work with this employer. **We will do a national background check and an arrest in any state is reviewed. Your fingerprints will be used to check the criminal history records of the FBI. The FBI will retain your fingerprints and associated information/biometrics and, while retained, your fingerprints will continue to be compared against other fingerprints submitted to, or retained by, the FBI.**

If convicted for a crime listed below, you may not be able to work for nursing, assisted living, adult day care, and residential care facilities; homes for the developmentally disabled; group homes; home health and hospice agencies. These crimes apply to nurse aides, activity, social services, kitchen, housekeeping, maintenance and other non-licensed jobs. Licensure Boards define the crimes that apply for licensed health care professionals. Tell this provider if you were fingerprinted for your license. **Your arrest history will be monitored. If sentenced for any disqualifying crimes while employed you may lose your job.**

You will be found not eligible for a job with these employers if you were ever sentenced for one of the following crimes or a related crime:¹

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

You will be found not eligible for a job with these employers if you were ever sentenced for one of the following crimes or a related crime and less than seven (7) years has passed since you completed the terms of your sentence, including any period of deferment²:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

¹ If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person. [63 O.S. § 1-1950.1(C)(1)]

² If less than seven (7) years have elapsed since the completion of sentence*, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person [63 O.S. § 1-1950.1(C)(2)]

* The law defines "Completion of the sentence" to mean the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole [63 O.S. § 1-1950.1(A)(5)]

This form is provided as a courtesy for the use of employers. Other versions are allowed to meet Title 63 O.S. § 1-1947(H), which requires that *an applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes.* It is recommended a copy of the identification be maintained with the applicant's written consent.

EMPLOYER MUST RETAIN THIS SIGNED APPLICANT CONSENT.

Instructions to Applicant: [63 O.S. 1-1945 *et. seq.*] Evidence of an applicant's consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check is required. **If you have an active employment history in OK-SCREEN, new fingerprints may not be needed. New registry checks must be done.** With your consent, the employer will submit your information through the OK-SCREEN web portal for checks against state and national registries. If you are cleared, and the employer wishes to continue, you will get an email or telephone notice to schedule an appointment for fingerprinting, if required. You will be responsible for a Ten Dollar (\$10) processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints or you will be required to start over [63 O.S. § 1-1947(I)(4)].

Declarations: By signing this form I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH). I understand that if my criminal history results reveal information that prevents the Department from making a final determination, I will be given notice and will have sixty (60) days to make corrections or additions. If I am unable to make corrections or additions within the sixty (60) days, the Department will either deny me eligibility based on the disqualifying results or advise me they cannot make a determination and notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal. [63 O.S. § 1-1947(K)]

I understand that as a condition of employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this Consent and Release and Title 63, Section 1-1947. I understand an arraignment may also be cause for employment restrictions or termination. [63 O.S. § 1-1947(Q)]

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I understand the OSDH will store the records of an employer's enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. When there is a match, the OSBI will notify the Department and the Department will notify the employee. This information is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. I will promptly respond to Department inquiries regarding the status of an arraignment or indictment.

Your employer must *submit your name, any aliases, address, former states in which you resided, social security number, and date of birth*. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY. The names used must appear as recorded on your birth certificate or other official record.

First Name: _____ Middle Name: _____

Maiden Name (If Applicable): _____ Last Name: _____

What Other Aliases/Names Have You Used? _____

Date of Birth: _____ State and Country of Birth: _____

US Citizen ☐ Y ☐ N Race: _____ Gender: ☐ M ☐ F Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Phone Number: _____

Home ☐ Mobile ☐

Social Security Number: _____ I am applying for a volunteer position: ☐

Select Volunteer Employee Type in OK-SCREEN

Current Address: _____

Current City/State/Zip: _____

In what other states have you lived after 17 years of age? _____

E-Mail Address: _____

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI. Both agencies will conduct a state and national criminal history records check and retain my fingerprints for comparison against other fingerprints submitted to, or retained by, the OSBI or FBI. I received an Attachment to this form: "How to Request My Criminal History Report and Complete, or Challenge the Information."

Applicant's Signature

Date

How to Request My Criminal History Report and Complete, or Challenge the Information

To request your report, after you have fingerprinted email okscreen@health.ok.gov or call 1-855-584-3550

Updating Criminal Records – OKLAHOMA

Updating your criminal records must be accomplished through the Oklahoma State Bureau of Investigation (OSBI) or in combination with the State in which the arrest or conviction occurred and the Federal Bureau of Investigation. The Oklahoma National Background Check Program (ONBCP) at the Oklahoma State Department of Health cannot change your criminal records.

CHANGE IN LAW REMOVES FEES FOR UPDATING RECORD: Effective November 1, 2015, all filing fees and court costs paid by a petitioner to file an expungement request will be returned if the person qualifies for an expungement. The OSBI fee will be waived if the subject of the criminal history record has been granted an expungement under the provisions listed in Title 22 of the Oklahoma Statutes

The following ***Certified*** documents are **required** to update a criminal record with a final disposition. Without these documents the OSBI **cannot** update your record.

- If charges were filed (you went to court or were represented in court by an attorney)

A ***Certified*** copy of the final disposition should be obtained from the Court Clerk's Office in the county of arrest. If charges were handled in city court, contact the municipal court in the city of arrest.

- If you received a deferred sentence and upon successful completion –

A ***Certified*** copy of the deferred dismissal should be obtained from the Court Clerk's Office in the county* of arrest. If the case is no longer on file at the Court Clerk's Office, contact the District Attorney's Office for a certified copy. *Oklahoma County & Tulsa County District Attorney's Offices will assist only subject(s) who have received a deferred sentence.*

*If charges were handled in city court, contact the municipal court in the city of arrest.

Note: State law does not allow for the complete removal of an arrest that results in a deferred sentence. The arrest will always be a part of the criminal record and the disposition will be updated to read Pled Not Guilty, Case Dismissed, resulting in no conviction for that arrest.

- If charges were not filed (you did not go to court nor did an attorney appear in court on your behalf) you **must** obtain 3 certified documents, exception Oklahoma County and Tulsa County you will only have 2 certified documents. The necessary documents are explained below:

A ***Certified*** letter must be obtained stating there is no record of the arrest in the files of the County and/or City Court Clerk. The letter must be signed and certified by the County and/or City Court Clerk, ***and***

A ***Certified*** letter must be obtained from the District Attorney's Office in the county of the arrest. This letter must be written on District Attorney office letterhead and signed by the District Attorney or Assistant District Attorney stating there is no record of the arrest in the files of the District Attorney.

In addition, when no record exists at the Court Clerk's Office or the District Attorney's Office, a certified copy of the arrest/incident report relating to that arrest must be obtained from the arresting agency.

You may call the automated-attendant line (405) 879-2690 for additional information.

Web: <https://osbi.ok.gov/criminal-history/update-criminal-history>

Email: RAP-Sheet-Question@osbi.ok.gov

Challenge of a Criminal History Summary – FBI’s Criminal Justice Information Services (CJIS) Division

The FBI’s Criminal Justice Information Services (CJIS) Division serves as the nation’s central repository and custodian for fingerprints and related Criminal History Summary information. As custodian of such information, the CJIS Division does not have the authority to modify any Criminal History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Criminal History Summary contains inaccurate or incomplete information, you have two options for requesting a change or correction:

Option 1: Contact the agency or agencies that submitted the information to the FBI.

Missing or Incorrect State (Non-Federal) Information

Most states, through agreement with the FBI, require that modification requests for Criminal History Summary information be processed through their respective state central repository (State Identification Bureau) before any update can be applied by the FBI to its record. You may contact the respective state repository(ies) for assistance, and, if applicable, request that they provide the FBI with updates to your Criminal History Summary. Contact information for each state is provided here:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks/state-identification-bureau-listing>

Several states maintain their own record system. Record updates are made at the state level only, so the FBI cannot modify its records. Instead, the FBI accesses the state’s system for authorized purposes to review the record. Contact information for states maintaining records at the state level is provided here:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks/state-maintained-records-listing>.

Missing or Incorrect Federal Information

For federal Criminal History Summary updates, the FBI must receive a request directly from the original arresting agency, from a court with jurisdiction over the arrest data, or from another agency with jurisdiction over the arrest data.

Option 2: Electronically submit your challenge request directly to the FBI

Step 1: Go to <https://www.edo.cjis.gov>

Step 2: Follow the steps under the “Challenging Your Identity History Summary” section.

If you submitted a challenge request electronically directly to the FBI, you will receive a response electronically and an option to receive a response by First-Class Mail via the U.S. Postal Service.

Option 3: Send a written challenge request to the FBI’s CJIS Division.

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation to support your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome.

You may submit an Identity History Summary challenge to the FBI by writing to the following address:

FBI CJIS Division

**Attention: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, WV 2630**

Web: <http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks/challenge-of-a-criminal-history-summary>

Employment Disqualifiers in the Long Term Care Security Act

Title 63 O.S. Section 1-1945 *et. seq.*

Pursuant to Title 63 of the Oklahoma Statutes, Section 1-1947(D), an employer shall not employ, independently contract with, or grant clinical privileges to any individual who has direct patient access to service recipients of the employer, if one or more of the following are met:

- Failure to comply with any federal, state or municipal laws applicable to your license, certificate, permit, or employment class as established by the authority having jurisdiction for your license, certificate, permit, or employment class.
- If you are identified on one of the following registries:
 - ☐ The exclusion list as described under Title 42 of the United States Code, Section 1320a-7
 - ☐ A substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United States Code, Sections 1395i-3(g)(1)(C) or 1396r(g)(1)(c), or Sections 1-1950.7 or 1-1951 of Title 63 of the Oklahoma Statutes
 - ☐ Oklahoma Community Services Worker Registry
 - ☐ Oklahoma Child Care Restricted Registry
 - ☐ Any State or National Sex Offender registry
 - ☐ Oklahoma Violent Offender registry

The following criminal offenses apply to nurse aides, non-technical service workers, and those employment classes not otherwise licensed, certified or permitted for the purpose of employment with an employer subject to the Long Term Care Security Act:

If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

If less than seven (7) years have elapsed since the **completion of sentence**^{*}, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

^{*}Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.



Oklahoma State Department of Health
Creating a State of Health

OK National Background Check Program
1000 Northeast Tenth Street
Oklahoma City, OK 73117
Phone (405)271-3598/Toll Free 855-584-3550
Fax (405) 271-3611
Email: okscreen@health.ok.gov

Ink Card Submission Fingerprinting Instructions

1. Provider screens applicant using the Registry Checks in OK-SCREEN.
2. Provider generates Authorization to Fingerprint (ATF) form for the applicant from OK-SCREEN.
3. Provider or applicant goes to IdentoGo site: <http://www.11enrollment.com/state/?st=ok> to schedule submission of Ink Card and generates a registration form. Please select online scheduling.



Oklahoma

Welcome to Oklahoma's Fingerprinting Web Site for the Dept. of Education. This web site has been provided to you for quick and easy payment of your required fingerprinting session. Please visit the "Online Scheduling" section below. You will be able to submit your personal information, prepay for your appointment, and obtain directions to your enrollment center. The "Locations" section below provides a listing of locations in Oklahoma for you to browse before starting the appointment process.

Please choose from the following links for Oklahoma. The "Online Scheduling" section starts the appointment process. The "Locations" section provides a listing of locations in Oklahoma for you to browse before starting the appointment process. The "Forms and Links" section provides access to forms relating to the fingerprint background check process and links for information on this process.

[Click Here](#)

- [Online Scheduling](#)
- [Locations](#)
- [Forms and Links](#)

If you have any questions, please call IdentoGO at (877) 219-0197

[Return Home](#)

4. The screen captures shown on the following pages will help guide you through the process, you must first select Register for Fingerprint Card Processing Service.

→ ↻ 🏠

ok.staging.dsp.local/?RESTART 67% ... 🛡️ ⭐ 🔍 Search

IdentoGO

Oklahoma

Fingerprinting & Enrollment Services

For Licensing, Certification or Employment requirements in Oklahoma

For New Appointments

To schedule a new appointment, click the green button below. We will ask you for the information needed to schedule and process your background check.

Schedule a New Appointment

To Mail In Your Fingerprint Card

To register to send your prints through the mail, click the button below. You will be asked to mail your fingerprint cards to IdentoGO after payment is made. Only out of state residents or individuals physically unable to be at the appointment are eligible to use this option.

Register for Fingerprint Card Processing Service

To Look Up or Change an Existing Appointment

To look up, reschedule or cancel your appointment, please choose one of the below methods to locate your record.

Registration ID (RLEID)

Email Address

For Fingerprint Rejection Notices

To schedule your retake appointment, we need to locate your registration. Please choose one of the below methods to locate your record.

Registration ID (RLEID)

Transaction Control Number (TCN)

Email Address

Click Here

For Travel Security Screening and Transportation Threat Assessments:



HAZMAT



TSA Pre✓®



TWC

5. Please read the instructions provided by IdentoGO, you must select yes in order to proceed to the next step.



Oklahoma

[← Start Over](#)

English · Español

Fingerprint Card Submissions

To submit Fingerprint Cards for a Oklahoma state background check please complete the following steps:

1. **Complete the online registration process.** This ensures we have your individual information and allows us to submit your fingerprints for the required background check without delays.
2. **Pay for Service.** At the end of the online registration, you will be directed to the ePayment site to complete payment. *Please Note:* Fingerprint cards without payment will not be processed.
3. **Mail in your completed fingerprint cards to be processed.** Mailing address will be on your registration completed form.

By continuing this registration process, you are affirming that you are either:

- An out of state resident, or
- Physically unable to be digitally fingerprinted.

6. You must select **“Oklahoma State Department of Health – OKSCREEN”** for this next step or the prints will be no good and the non-refundable print fee will cost more than \$10.

agency id *

Oklahoma State Department of Health - OKSCF

Go

Reset

7. Enter the required information in the fields, this information will be on the “Authorization to Fingerprint” form, then select GO.

agency id *

☒ is for the State Department of Health - only

determination number *

This field cannot be empty

last name *

date of birth *

8. Enter the required information in the fields and then select SUBMIT.

APPLICANT NAME

first name	middle name	last name
Dell		Computer

METHODS OF CONTACT

Please ensure you enter a valid contact phone number. The phone number will be used to contact you in the event there is important information we need to communicate regarding your appointment. We do not sell or share your phone numbers.

phone 1 *	phone 1 type *	phone 2	phone 2 type
###-###-####	▼	###-###-####	▼
email		confirm email	
preferred contact method *	preferred contact time	contact notes/instructions	
▼	▼		

☒ Yes, please email me educational materials, special offers and information about other IdentoGO products and services.

APPLICANT DEMOGRAPHIC DATA

citizen country *
United States ▼

Submit

9. Please review all of the information, make changes if necessary then select GO.

IF ALL INFORMATION APPEARS CORRECT ---->

Go >

APPLICATION DETAILS

CHANGE

agency name

Oklahoma State Department of Health - OKSCREEN

ori number

OK9201502

fingerprint reason

LONG TERM CARE APPLICANT (63 OS 1 1947)

determination number

274052

APPLICATION DETAILS

CHANGE

name

Det Computer

phone 1

405-271-3598 (Work)

email

okscreen@health.ok.gov

preferred contact method

Email

contact notes/instructions

This is a test

date of birth

01/01/1990

citizen country

United States

IF ALL INFORMATION APPEARS CORRECT ---->

Go >

10. On this next screen you will need to select the method of payment. ****Please note** if the payment due is greater than \$10 then applicant is not printing for OKSCREEN and the Provider or Applicant will need to select the START OVER option and select the correct agency as shown on #6 above.



Oklahoma

Your total is \$10.00. Please choose a payment method below.

- ☐ eCheck (pay now)
- ☒ Personal Check (pay onsite)
- ☐ Business Check (pay onsite)
- ☐ Money Order (pay onsite)
- ☐ Visa or Mastercard (pay now)
- ☐ Billing Account
- ☐ Yes, I have a referral code to enter

[Go >](#)

[Start Over](#)

English Español

Payment Collection

11. The registration is now complete and you should **print out and save** this form, and then follow the instructions on it when mailing the ink cards. It is recommended that the Provider or Applicant mail the fingerprint cards to IdentoGo with a delivery confirmation or a tracking number.

[Save PDF](#)[Print](#)

Registration Completed for Dell Computer

APPLICATION DETAILS

agency name
Oklahoma State Department of Health - OKSCREEN


ZS19055634L

ori number
OK920150Z

fingerprint reason
LONG TERM CARE APPLICANT (63 OS 1.1947)

PAYMENT DETAILS

Remember to mail your payment with your fingerprint card. Your fingerprint card will not be processed without payment.
The following payment methods are acceptable to be mailed in with your fingerprint card: Personal Check, Business Check, and Money Order. Your total is \$10.00.

REMINDERS

The fingerprint card along with the appropriate fee, if required and not paid by Escrow Account or Credit Card at the end of registration, should then be sent to the following address (for tracking & security reasons, it is recommended that a shipping service with tracking service be utilized):
IDENTOGO CARDS CAN DEPARTMENT
Oklahoma Cardscan Processing ZS19055634L
6840 CAROTHERS PKWY. STE 650
FRANKLIN, TN 37067-9929

Please include at least two (2) means of contact for each applicant for which a fingerprint card is submitted where the applicant can be reached if there are any questions related to the processing of the fingerprint card (for example, a daytime and evening telephone number or a cell phone number and email address, etc).

Applicants should use a trackable method of delivery such as Priority Mail, UPS, FedEx, etc. Due to the large volume of mail received, IdentoGO is not able to provide delivery confirmation. If you would like to check on the status of your submission, you can email Identogo-info@us Idemia.com 5-7 business days after IdentoGO has received your submission. Please provide your full name, the State for which you submitted your fingerprint cards and your Registration ID. Please do not include personally sensitive information such as Date of Birth or Social Security number.

[Done](#)

12. Provider give applicant the Registration Form and Authorization to Print form with or without a blank card.
13. Applicant will then go to Law Enforcement or other site to be fingerprinted. ****Note the applicant will pay whatever fee is set by that site in addition to the \$10 paid to IdentoGO.**
 - a. If the applicant brings a pre-printed card, the applicant gives the card with the pre-printed ORI# for printing.
 - b. If the applicant does not bring a card, the site prints the applicant on their card. This site may write the ORI from the Authorization to Fingerprint form on the card. The correct ORI# for the Oklahoma National Background Check Program is: **OK920150Z**.
14. Provider or Applicant mails card(s) with Registration form to OKSCREEN.
15. Please remember that Ink Card fingerprinting may add up to six (6) to eight (8) to the employment eligibility determination process.

HB2582 and Background Checks for the Non-Technical Services Worker

63 O.S. § 1-1950.8 (OSCN 2012)

The effective date for fingerprinting of Non-Technical Services Workers under HB2582 will be sometime after March 1, 2013, and will be established through rulemaking and after further notice. Until then, elements in the new law that are effective as of November 1, 2012, include a revised list of employment disqualifying offenses for non-technical services worker staff working in a licensed nursing facility.

63 O.S. § 1-1950.6 Definitions

5. "Nontechnical services worker" means a person employed by a nursing facility to provide, for compensation, nontechnical services in or upon the premises of a nursing facility. The term "nontechnical services worker" shall not include a nurse aide, or any person who is exempt from the criminal arrest check provisions of Section 1-1950.1 of this title; and

Pursuant to 63 O.S. § 1-1950.8(A)(2), until such time as the fingerprinting requirements are implemented in rule, a nursing facility is authorized to obtain any criminal history background records maintained by the Oklahoma State Bureau of Investigation. The following requirements apply:

- The employer requests the OSBI to conduct a name based criminal history background check as before and provides the Bureau any relevant information required by the Bureau to conduct the check. The employer fee is Fifteen Dollars (\$15.00).
- Temporary employment remains authorized. The employer in such instance shall provide to the Bureau the name and relevant information relating to the person within seventy-two (72) hours after the date the person accepts temporary employment.
- The facility shall not hire or contract with the nontechnical services worker on a permanent basis until the results of the criminal history background check are received,
- The facility may accept a criminal history background report that is less than one (1) year old. The report shall be obtained from the previous employer or contractor of such person and shall only be obtained upon the written consent of the applicant.
- Every facility while subject to the provisions of this law shall inform each applicant for employment that the employer is required to obtain a criminal history background record before making an offer of permanent employment.
- A nursing facility shall not hire and shall immediately terminate the employment of any applicant, for whom the results of a criminal history records search from any jurisdiction reveals that such person has a disqualifying criminal offense listed in subsection C of Section 1-1950.1.
- Employment eligibility determination records are for the use of the Department and the facility.
- Releasing or disclosing any information in violation of this section, upon conviction thereof, is a misdemeanor.
- As part of any inspections required by law, the Department shall review the employment files of the facility to ensure compliance with the provisions of this law.

Barrier Offenses for the Non-Technical Services Worker
Effective November 1, 2012
63 O.S. § 1-1950.1 (OSCN 2012)

Title 63, Section 1-1950.1(C) 1. If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

2. If less than seven (7) years have elapsed since the **completion of sentence**¹, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

Note: Possession of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act is no longer a barrier offense.

¹ Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

Text From HB2582, Section 63 O.S. § 1-1950.8

63 O.S. § 1-1950.8(A)(2). Where the provisions of the Long-term Care Security Act pertaining to registry screenings and national criminal history record checks are not in effect pending an effective date in rulemaking, an employer is authorized to obtain any criminal history background records maintained by the Oklahoma State Bureau of Investigation pursuant to the following:

- a. the employer shall request the Bureau to conduct a criminal history background check on the nontechnical services worker and shall provide to the Bureau any relevant information required by the Bureau to conduct the check. The employer shall pay a fee of Fifteen Dollars (\$15.00) to the Bureau for each criminal history background check that is conducted pursuant to such a request,*
- b. an employer may make an offer of temporary employment to a nontechnical services worker pending the results of the criminal history background check. The employer in such instance shall provide to the Bureau the name and relevant information relating to the person within seventy-two (72) hours after the date the person accepts temporary employment. The employer shall not hire or contract with the nontechnical services worker on a permanent basis until the results of the criminal history background check are received,*
- c. an employer may accept a criminal history background report less than one (1) year old of a nontechnical services worker to whom such employer makes an offer of employment or employment contract. The report shall be obtained from the previous employer or contractor of such person and shall only be obtained upon the written consent of such person, and*
- d. every employer while subject to the provisions of this subsection shall inform each applicant for employment, or each prospective contract provider, as applicable, that the employer is required to obtain a criminal history background record before making an offer of permanent employment or contract to a nontechnical services worker.*

B. Every nursing facility shall inform each nontechnical services worker applicant for employment of the requirement to obtain a criminal check and an abuse registry review before making an offer of permanent employment with a nontechnical services worker applicant.

C. A nursing facility shall not hire or contract with and shall immediately terminate the employment, contract or volunteer arrangement of any applicant, contract worker or employee for whom the results of a criminal history records search from any jurisdiction reveals that such person has a disqualifying criminal offense listed in subsection C of Section 1-1950.1 of this title.

D. All employment eligibility determination records received by the nursing facility are for the exclusive use of the State Department of Health and the nursing facility that requested the information. Except as otherwise provided by Sections 1-1950.6 through 1-1950.9 of this title or upon court order or with the written consent of the person being investigated, the employment eligibility determination records shall not be released or otherwise disclosed to any other person or agency.

E. Any person releasing or disclosing any information in violation of this section, upon conviction thereof, shall be guilty of a misdemeanor.

F. As part of any inspections required by law, the Department shall review the employment files of the nursing facility required to conduct a criminal history records search to ensure compliance with the provisions of this section.

Employer Instructions for Use – ODH Form 805 Uniform Employment Application for Nurse Aide Staff

Purpose

This form is to be used by employers as the only employment application for hiring nurse aide staff in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies as mandated by Title 63 O.S. § 1-1950.4, *Uniform Employment Application for Nurse Aide Staff - Purpose - Training*. The content of this form shall not be altered.

Employer Instructions

Provide this form to all applicants seeking employment as a nurse aide. The form may be duplicated as needed.

- **Instruct the applicant to complete each section of this form.**

1. Personal Information
2. Employment Desired
3. U.S. Military Record
4. Prior Work History
5. Educational Background
6. Certification
7. References
8. Background Information
9. Applicant's Certification and Agreement
10. Previous CNA Training: If the applicant will require nurse aide training, instruct to complete section 10 on page 4.

NOTE: If the facility has an approved nurse aide temporary emergency waiver, the applicant must be trained and certified within four (4) months of hire date.

Category: List any CNA training received in the past by type of training: Long Term Care Aide (LTCA), Home Health Aide (HHA), Adult Day Care Aide (ADCA), Residential Care Aide (RCA) and Developmentally Disabled Direct Care Aide (DDCA).

Program Name: List the title of the training program where the training was received.

Training Days: List the number of days of training completed for each category.

11. Important Information for the Job Applicant
Instruct applicant to read and initial in the gray 'NOTICE' box on page 5, then sign and date certifying the application is true and complete.
12. Criminal Arrest Check
Instruct the applicant to read and complete the 'Criminal Arrest Check List' section on page 5. Obtain the applicant's signature and date in the designated spaces.

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1(C) states:

§63-1-1950.1. Definitions - Criminal arrest check on certain persons offered employment - Exemptions.

.....

C. 1. If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

2. If less than seven (7) years have elapsed since the **completion of sentence**¹, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

• **Information regarding ADA requirements**

The employer will note there is no information requested on the ODH Form 805, Uniform Employment Application for Nurse Aide Staff, pertaining to the Americans with Disabilities Act (ADA). However, it should be noted that any qualified applicant with a disability may request reasonable accommodation(s) to complete the application/interview process. The specific nature of the accommodation and the reason for the request must be indicated at the time the application is requested. All other ADA requirements related to the hiring process must be met according to the employer's procedure and be in compliance with the ADA.

¹ Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

Uniform Employment Application for Nurse Aide Staff

Effective November 1, 2012

This application form is required by Title 63 O.S. § 1-1950.4 of state law and by the Oklahoma State Board of Health Rules OAC 310-2-15-3. This uniform application shall be used as the *only* application for employment of nurse aides in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies.

This employer does not discriminate in its hiring decisions or in any other employment decision on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential functions of the position.

ATTENTION NURSE AIDES: RETURN YOUR COMPLETED APPLICATION TO EMPLOYER.

Date of Application: _____

Date Available to Start Work: _____

1. Personal Information

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

List any other name(s) you have previously worked under, such as maiden name: _____
_____, _____, _____

Present Address: _____
(Street) (City) (State) (Zip)

Permanent Address (if different than present address): _____
(Street) (City) (State) (Zip)

Telephone #: _____ Date of Birth: _____ Sex: ☐ M ☐ F Race: _____
[----- For purposes of Criminal History Records Search -----]

Emergency Contact Person: _____
(Name) (Address) (Phone Number)

2. Employment Desired

Position applied for: _____ Salary required: _____

Hours available to work: ☐ Days ☐ Evenings ☐ Nights ☐ Weekends

Will you accept employment of: ☐ Full Time? ☐ Part Time? ☐ Occasional Part Time?

3. U.S. Military Record

Branch: _____ Date Entered: _____ Date Discharged: _____ Type of Discharge: _____

4. Prior Work History List your last four (4) jobs beginning with your most recent or current employer.

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____

Reason for Leaving: _____

Uniform Employment Application for Nurse Aide Staff

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____

Reason for Leaving: _____

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____

Reason for Leaving: _____

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____

Reason for Leaving: _____

List name(s) of all other employers for the last five (5) years:

May we contact your present employer? ☐ Yes ☐ No ☐ Not applicable

Have you ever been terminated or asked to resign from any position? ☐ Yes ☐ No

If yes, provide reason. _____

5. Educational Background List all educational schools attended with degrees, diplomas or certificates received.

Name of Institution (High School, Technical School, College)	Type of Studies	Dates Attended & Diplomas, etc.

If your school or employment records are under another name(s), indicate that name(s): _____

6. Certification If you hold a current certification as a nurse aide (CNA), check the appropriate certification(s) below:

☐ Long Term Care (LTC) ☐ Home Health Aide (HHA) ☐ Adult Day Care (ADC)
☐ Residential Care Aide (RCA) ☐ Developmental Disability Aide (DDA) ☐ Certified Medication Aide (CMA)
☐ Certified Medication Aide-Gastrostomy (CMA-G) ☐ Certified Medication Aide-Glucose Monitoring (CMA-GM)
☐ Certified Medication Aide-Respiratory (CMA-R) ☐ Certified Medication Aide-Insulin Administration (CMA-IA)

Uniform Employment Application for Nurse Aide Staff

List all technical special skills or education honors, certificates, licenses, memberships or Medication Administration Technician (MAT) certification not previously listed: _____

If you are a CMA, have you obtained your 8 hours of continuing education for the current 12-month certification period before your certification expires? ☐ Yes ☐ No

If yes, where and when did you obtain. _____

7. **References** List name, address and telephone number of three (3) references who are not relatives or former employers.

8. **Background Information** If you answer **YES** to any of the questions below, explain in the space after the question. The explanation for a **YES** answer should include, but not be limited to:

1. State and/or jurisdiction.
2. Nature of complaint/offense.
3. Disposition of complaint and/or offense (e.g., "dismissed insufficient evidence", "deferred sentence").
4. Date of disposition.
5. Attach copy of any correspondence received by you, the applicant, regarding the complaint/offense.

a. ☐ Yes ☐ No Have you ever: 1) participated in a first offender program; 2) deferred adjudication or other program or arrangement where adjudication has been withheld; 3) pled guilty or no contest; 4) been convicted; 5) received a deferred sentence; and/or 6) been sentenced for any criminal offense in any state or US jurisdiction regardless of whether this matter has been expunged or otherwise removed?

b. ☐ Yes ☐ No Have you ever been found in violation of any state, US jurisdiction, or federal law regulating the practice of a health care profession?

c. ☐ Yes ☐ No Are any disciplinary actions or allegations, pending or substantiated, against you or your CNA certification or health care professional license in any state or U.S. jurisdiction?

d. ☐ Yes ☐ No Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid, or in connection with, action by such authority?

9. **Applicant's Certification and Agreement**

Please Read Carefully - If you answer 'No' to any of the questions below, explain in the space after the question.

a. ☐ Yes ☐ No I understand the employer has the right to proceed with any criminal background check.

Uniform Employment Application for Nurse Aide Staff

b. ☐ Yes ☐ No I understand as a part of the job selection process, I may be required to take a drug-screening test at the time of employment and if requested in accordance with the state and federal law at anytime during my employment. A test result that has been confirmed as positive will eliminate me from employment. If I refuse to sign this form and submit to drug testing, the employer will reject my application.

c. ☐ Yes ☐ No I understand I may be required to have a physical examination and I hereby consent to take a physical examination and any future physical examinations as required by the employer.

d. ☐ Yes ☐ No I understand if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

e. ☐ Yes ☐ No I understand this form is not an employment contract.

10. Previous CNA Training Complete this section only if you will require training.

Please complete the following if you have had CNA Training in the past for any of these categories: LTC, HH, ADC, RC, or DDDC.

Category _____ Program Name _____ Start Date _____ End Date _____

Category _____ Program Name _____ Start Date _____ End Date _____

Category _____ Program Name _____ Start Date _____ End Date _____

11. Important Information for the Job Applicant

It is unlawful for any person to provide false information regarding a criminal conviction on this uniform employment application for nurse aides. Providing false information regarding a criminal conviction is a misdemeanor under Title 63 of the Oklahoma Statutes, Section 1-1950.4a. Providing false information about a criminal conviction on this application is punishable by a fine not to exceed Five Hundred Dollars (\$500.00), by imprisonment in the county jail for a term of not more than one (1) year, or by both such fine and imprisonment.

*** NOTICE ***

I UNDERSTAND PROVIDING FALSE OR MISLEADING INFORMATION TO A TRAINING PROGRAM, A FACILITY, OR THE DEPARTMENT IS GROUNDS FOR DENIAL, SUSPENSION, WITHDRAWAL, AND/OR NONRENEWAL OF CERTIFICATION. I ALSO UNDERSTAND PROVIDING FALSE INFORMATION OR OMISSION OF FACTS MAY DISQUALIFY ME FROM EMPLOYMENT AND MAY CAUSE TERMINATION IF DISCOVERED AT A LATER DATE.

INITIAL HERE _____

I certify I have read and completed this application and that the information I have provided on this application is true and complete.

Signature of Applicant

Date of Signature

12. Criminal Arrest Check List

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall **not be** considered if the below signed individual has been *convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction*, as stated by Oklahoma Statute, Section 1-1950.1(C)(1) of Title 63:

- | | |
|---|--|
| a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person, | e. manslaughter, |
| b. rape, incest or sodomy, | f. kidnapping, |
| c. child abuse, | g. aggravated assault and battery, |
| d. murder or attempted murder, | h. assault and battery with a dangerous weapon, or |
| | i. arson in the first degree. |

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall **not be** considered for the below signed individual *if less than seven (7) years have elapsed since the completion of sentence¹, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction*, as stated by Oklahoma Statute, Section 1-1950.1(C)(2) of Title 63:

- | | |
|--|--|
| a. assault, | g. robbery or attempted robbery with a dangerous weapon, or imitation firearm, |
| b. battery, | h. arson in the second degree, |
| c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender, | i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act, |
| d. pandering, | j. grand larceny, or |
| e. burglary in the first or second degree, | k. petit larceny or shoplifting. |
| f. robbery in the first or second degree, | |

¹ Pursuant to 63 O.S. § 1-1950.1(A)(5), "*Completion of the sentence*" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

It is further understood that if I am hired, it will be as a temporary employee until the employer receives my criminal background check. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

I hereby certify I have no disqualifications for employment as described above and specified in Title 63 of the Oklahoma Statutes, Section 1-1950.1(C). My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident's property. I hereby give the Oklahoma State Bureau of Investigation authority to proceed with a criminal history records check as authorized by Title 63 of the Oklahoma Statutes, Section 1-1950.1(B).

Signature of Applicant

Date of Signature

HB2582 and Background Checks

63 O.S. § 1-1950.1 (OSCN 2012)

Certified Nurse Aides

The effective date for fingerprinting of Certified Nurse Aides under HB2582 will be sometime after March 1, 2013, and will be established through rulemaking and after further notice. Until then, elements in the new law that are effective as of November 1, 2012, include a revised list of employment and certification disqualifying offenses for Certified Nurse Aides.

63 O.S. § 1-1950.1 Definitions

1. "Nurse aide" means any person who provides, for compensation, nursing care or health-related services to residents in a nursing facility, a specialized facility, a residential care home, continuum of care facility, assisted living center or an adult day care center and who is not a licensed health professional. Such term also means any person who provides such services to individuals in their own homes as an employee or contract provider of a home health or home care agency, or as a contract provider of the Medicaid State Plan Personal Care Program;

Pursuant to 63 O.S. § 1-1950.1(B), until such time as the fingerprinting requirements are implemented in rule, an employer is authorized to obtain any criminal history background records maintained by the Oklahoma State Bureau of Investigation. The following requirements apply:

- Employers subject to this section are defined in law at 63 O.S. § 1-1950.1(A) and include:

○ a nursing or specialized facility, ○ a residential care home, ○ an adult day care center, ○ an assisted living center, ○ a continuum of care facility	○ a home health or home care agency, and ○ the Department of Human Services, in its capacity as an operator of any hospital or health care institution or as a contractor with providers under the Medicaid State Plan Personal Care Program;
---	---
- The employer requests the OSBI to conduct a name based criminal history background check as before and provides the Bureau any relevant information required by the Bureau to conduct the check. The employer fee is Fifteen Dollars (\$15.00).
- Temporary employment remains authorized. Provide to the Bureau the name and relevant information relating to the person within seventy-two (72) hours after the person accepts temporary employment.
- The employer shall not hire or contract with the nurse aide on a permanent basis until the results of the criminal history background check are received,
- The employer may accept a criminal history background report that is less than one (1) year old. The report shall be obtained from the previous employer or contractor of such person and shall only be obtained upon the written consent of the applicant.
- Every employer subject to the provisions of this law shall inform each applicant that the employer is required to obtain a criminal history background record before making an offer of permanent employment.
- An employer shall not hire and shall immediately terminate the employment of any applicant, for whom the results of a criminal history records search from any jurisdiction reveals that such person has a disqualifying criminal offense listed in [subsection C of Section 1-1950.1](#).
- Employment eligibility determination records are for the use of the Department and the employer.
- Releasing or disclosing information in violation of this section, upon conviction thereof, is a misdemeanor.
- As part of any inspections required by law, the Department shall review the employment files of the employer to ensure compliance with the provisions of this law.

Barrier Offenses for the Certified Nurse Aide
Effective November 1, 2012
63 O.S. § 1-1950.1 (OSCN 2012)

Title 63, Section 1-1950.1(C) 1. If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

2. If less than seven (7) years have elapsed since the **completion of sentence**¹, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

Note: Possession of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act is no longer a barrier offense.

¹ Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

Text From HB2582, Section 63 O.S. § 1-1950.1

Pertaining to Nurse Aide Background Checks

63 O.S. § 1-1950.1 (OSCN 2012)

A. For purposes of this section:

1. "Nurse aide" means any person who provides, for compensation, nursing care or health-related services to residents in a nursing facility, a specialized facility, a residential care home, continuum of care facility, assisted living center or an adult day care center and who is not a licensed health professional. Such term also means any person who provides such services to individuals in their own homes as an employee or contract provider of a home health or home care agency, or as a contract provider of the Medicaid State Plan Personal Care Program;

2. "Employer" means any of the following facilities, homes, agencies or programs which are subject to the provision of this section:

a. a nursing facility or specialized facility as such terms are defined in the Nursing Home Care Act,

b. a residential care home as such term is defined by the Residential Care Act,

c. an adult day care center as such term is defined in the Adult Day Care Act,

d. an assisted living center as such term is defined by the Continuum of Care and Assisted Living Act,

e. a continuum of care facility as such term is defined by the Continuum of Care and Assisted Living Act,

f. a home health or home care agency, and

g. the Department of Human Services, in its capacity as an operator of any hospital or health care institution or as a contractor with providers under the Medicaid State Plan Personal Care Program;

3. "Home health or home care agency" means any person, partnership, association, corporation or other organization which administers, offers or provides health care services or supportive assistance for compensation to three or more ill, disabled, or infirm persons in the temporary or permanent residence of such persons, and includes any subunits or branch offices of a parent home health or home care agency;

4. "Bureau" means the Oklahoma State Bureau of Investigation; and

5. "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

B. Before any employer makes an offer to employ or to contract with a nurse aide to provide nursing care, health-related services or supportive assistance to any individual, the employer shall provide for a criminal history background check to be made on the nurse aide pursuant to the provisions of the Long-term Care Security Act. If the employer is a facility, home or institution which is part of a larger complex of buildings, the requirement of a criminal history background check shall apply only to an offer of employment or contract made to a person who will work primarily in the immediate boundaries of the facility, home or institution.