

CONTINENTAL NURSES
(888) 894-2900 (phone)
(888) 894-2073 (fax)

Division of Health Improvement
CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM
Certification of
CRIMINAL HISTORY SCREENING

_____, has / has not completed a criminal history
Name and title of caregiver/employee
screening for the following reason:

- Application and Fingerprints submitted on _____, no response from CCHSP.
Date
- Caregiver/employee has been cleared by CCHS, clearance attached.
- Caregiver/employee is not required to have a CCHS clearance, job description attached.
- Caregiver/employee applied for administrative reconsideration on _____.
Date
- Caregiver/employee has received an administrative reconsideration, reconsideration decision attached.
- Caregiver/employee was discovered to have a disqualifying conviction and was terminated on _____. CCHSP notice of disqualifying conviction and letter of termination attached. Date

As an authorized agent for _____ **CONTINENTAL NURSES**
Name of Care Provider

I, _____, _____
Name (printed) and Title (Printed)

certify that the information stated above is true and correct.

Signature

“This form is to be utilized for documentation in Continental Nurses files.”