UTAH DEPARTMENT OF HEALTH

Version: June 2015

UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH AND PREPAREDNESS
BUREAU OF HEALTH FACILITY LICENSING AND CERTIFICATION

PO BOX 144103
SALT LAKE CITY, UT 84114-4103
(801) 273-2994
(800) 662-4157 toll free
(801) 274-0658 Fax

INDIVIDUAL CLEARANCE FOR DIRECT PATIENTACCESS APPLICATION

(All fields must be complete or form will be returned)

Print Form

APPLICANT INFORMATION (Information must be completed by the applicant - Print legibly in black ink or type)

LAST NAME | FIRST NAME | MIDDLE NAME | DATE OF BIRTH | ☐ Male ☐ Female GENDER

MAIDEN NAME & ALL PREVIOUS MARRIED NAMES/ALIAS | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NUMBER | STATE

CURRENT ADDRESS

CITY | STATE | ZIP CODE | HOME PHONE NUMBER | HIRE DATE

PREVIOUS ADDRESS INFORMATION

CITY AND STATE | MM/YYYY | MM/YYYY | CITY AND STATE | MM/YYYY | MM/YYYY

STAFF POSITION

☐ Executive, Administrative or Managerial ☐ Professional/Licensed Health Care ☐ Food and Dietary Services ☐ Volunteer

☐ Technical, Unlicensed Health Care ☐ Housekeeping and Engineer Services ☐ Laboratory and Radiology Services ☐ Other

POSITION DESCRIPTION

Have you ever been convicted of a felony or misdemeanor as a juvenile or adult? If yes, include a written explanation of the offense(s). ☐ Yes ☐ No

Are you currently awaiting trial on a pending felony or misdemeanor charge? Attach explanation of charge(s). ☐ Yes ☐ No

Have you ever been investigated for abuse or neglect of disabled or vulnerable individuals by the State of Utah? If yes, attach explanation. ☐ Yes ☐ No

I hereby authorize the Utah Department of Health (UDOH) to submit my direct patient access application to the Utah Bureau of Criminal Identification (BCI) for processing in accordance with Utah Code annotated Chapter 26 Title 21 Part 2. I authorize BCI to access and review state and federal criminal history records and provide that information to the UDOH to be used to make a clearance determination. I do herby release UDOH and BCI, all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form. I have read and understand the foregoing and my certification is true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE | DATE

COVERED ENTITY/EMPLOYER INFORMATION

REQUEST TYPE ☐ INITIAL ☐ RENEWAL ☐ CHANGE OF OWNERSHIP

COVERED ENTITY NAME (AS LISTED ON LICENSE IF LICENSED) | LICENSE NUMBER | CHECK NUMBER

MAILING ADDRESS | CITY, STATE, ZIP CODE | BUSINESS TELEPHONE NUMBER

I understand the information received as a result of submission of this Application shall be used only for the purposes of employing the individual listed above.

ADMINISTRATOR/DESIGNEE (PRINT NAME) | SIGNATURE | DATE

****FOR DEPARTMENT OF HEALTH USE ONLY****

DATE RECEIVED	CHECK NUMBER	AMOUNT	DATE APPROVED	APPROVED FACILITY ID

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INFORMATION AND INSTRUCTION

Confidentiality

The Bureau of Health Facility Licensing and Certification will keep the information acquired confidential. No confidential details of the report will be released or disclosed over the phone.

Purpose

Utah Code Annotated Chapter 26 Title 21 Part 2, Clearance for Direct Patient Access authorizes the Utah Department of Health, Bureau of Health Facility Licensing and Certification to conduct Background Screening Checks on employees or potential employees who have direct access to residents or patients or their medical or financial records. This process was developed to aid in the protection of the health and safety of the vulnerable, disabled and elderly.

Covered Provider/Employer/Contractor

Covered Providers: Home Health Agencies, Hospice Agencies, Personal Care Agencies, Nursing Care Facilities, Assisted Living Facilities, Small Health Care Facilities, End Stage Renal Disease Facilities and Long-Term Care Hospitals.
Covered Contractor: a person or licensed business within the state that supplies covered individuals, by contract, to a covered employer or covered provider.
Covered Employer is an individual who is not a covered health care facility, or is not a licensed business within the state, and is hiring an individual to provide services to an elderly or disabled person in the home of the elderly or disabled person.

Applicant Information

1. Complete all information requested, answer all questions to the best of your knowledge and provide any additional documentation necessary. If any section is not applicable to you, please indicate by "N/A".
2. If there are findings of a criminal record with any conviction(s) as defined in Utah Administrative Code R432-35 you and your employer will receive written notification of any non-clearance.
3. False information may exclude you from obtaining clearance for employment in a direct access position.
4. If you have questions regarding the Individual Clearance for Direct Patient Access Application, please contact our Background Screening staff at: (801) 273-2994 or toll-free at 1-800-662-4157. All other questions should be directed to your employer's Human Resource Manager.

Staff Position Instructions

Executive, Administrative or Managerial
Administrator, Owner, Medical Records Staff, Administrative Staff

Professional/Licensed Health Care
Medical Director, Physician (Medical Psychiatric), Physician Assistant, Nurse Practitioner, Registered Nurse, Licensed Practical/ Licensed Vocational Nurse, Pharmacist, Dietitian, Occupational/Vocational Therapist, Physical Therapist, Speech/Language Pathologist, Social Worker, Dentist, Podiatrist, Other

Technical/Unlicensed Health Care
Nurse Aide, Nurse Aide in Training, Orderly/Attendant, Personal Care Worker, Medication Aide/Technical, Mental Health Counselor, Psychiatric Technician, Occupational/Vocational Therapy Assistant, Occupational/Vocational Therapy Aide, Physical Therapy Assistant, Rehabilitation Therapy Aide, Physical Therapy Aide, Other Activities Staff, Other Social Services Staff, Feeding Assistant, Other

Laboratory and Radiology Services
Laboratory Technician, Radiology Technician, Other

Food and Dietary Services
Waiter, Waitress, Cook, Chef, Kitchen Worker, Dietary Manager, Dietary Supervisor, Diet Clerk, Diet Technician, Dietary Aide, Dietitian, Food Service manager, Food Service Supervisor, Food Service Aide, Pot Washer, Other

Housekeeping and Engineer Services
Maid, Janitor, Cleaner, Environmental Engineer, Housekeeper, Other

Any Other Direct Access Employee

Volunteer

Applicant Instructions

1. Submit an application for each covered individual in a direct access position at your facility;
2. Submit fingerprint cards on each covered individual to process;
3. **Submit fees totaling $56.50;**
4. Submit a **business check, bank check, or money order** payable to "Utah Department of Health".
5. Prior to submitting the application and fingerprint card ensure all of the following information is included and accurate:
   - Application:
     All required information including the Date of Birth, Social Security Number and all signatures.
   - Fingerprint Card (Do Not use highlighting on the Card):
     All required information including sex, race, height, weight, eye color, hair color, place of birth, and all signatures.
6. Mail the Application, fingerprints and all fees to:

Bureau of Health Facility Licensing and Certification
Attention: Criminal Background Screening
PO Box 144103
Salt Lake City, UT 84114-4103