



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIVISION OF PURCHASING AND COMPLIANCE

NVHA.NV.GOV



Stacie Weeks
Director

Todd Rich
Administrator

FINGERPRINT BACKGROUND WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS, CONSENTS AND SELF DISCLOSURE OF CRIMINAL HISTORY

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) **Nevada Health Authority** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you with the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Division upon request. If you decide to challenge the accuracy or completeness of your criminal history record, Title 28 of the Code of Federal Regulations, Section 16.34, provides for the proper procedure to do so.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of requesting agency) **Nevada Health Authority**, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIVISION OF PURCHASING AND COMPLIANCE

NVHA.NV.GOV



Stacie Weeks
Director

Todd Rich
Administrator

CONSENT TO CHECK OF REGISTRIES

I consent to have a check of registries, including, but not limited to, any government abuse registries, licensing registries, sexual abuse registries, the Office of Inspector General List of Excluded individuals and Entities registry, and any other registry screenings that are part of the website established pursuant to NRS 439.942. I authorize the Health Care Purchasing and Compliance Division and a facility, hospital, agency, program, or home, as defined in NRS 449.119, in which I am an employee, independent contractor or working as an employee of a temporary employment service, to conduct such registry screenings and receive any information that may be available from such registries. In addition, I authorize the release of any information that may be available from the Statewide Central Registry and any equivalent registry maintained by a governmental entity in a jurisdiction in which I have resided within the immediately preceding 5 years to the Health Care Purchasing and Compliance Division and a facility, hospital, agency, program or home.

SELF DISCLOSURE STATEMENT OF CRIMINAL HISTORY

I attest that I have never been convicted of any of the following crimes:

- Murder, voluntary manslaughter or mayhem.
- Assault or battery with intent to kill or to commit sexual assault or mayhem.
- Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime.
- Abuse or neglect of a child or contributory delinquency.
- Abuse, neglect, exploitation or isolation of any older persons or vulnerable persons, including, a violation of any provision of NRS 200.50955 or 200.5099, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct.
- A violation of any provision of NRS 422.450 to 422.590, inclusive, relating to Nevada's State Plan for Medicaid.
- Any violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS, within the immediately preceding 7 years.
- Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.
- A crime involving domestic violence that is punished as a felony.
- A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years.
- A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct.
- A criminal offense under the laws governing Medicaid or Medicare.
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
- Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon.
- An attempt or conspiracy to commit any of the offenses listed in this Self Disclosure Statement of Criminal History section.



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

DIVISION OF PURCHASING AND COMPLIANCE

NVHA.NV.GOV



Stacie Weeks
Director

Todd Rich
Administrator

CONSENT TO BE ENROLLED IN A RAP BACK SYSTEM (Optional – check only if you consent)

I understand that if I check this box, the licensed entity I am under employment/contract/service with or the Nevada Health Authority may enroll me in a RAP BACK SYSTEM (Record of Arrests and Prosecutions) which would allow the Nevada Department of Public Safety to notify my employer and the Nevada Health Authority of any criminal offenses that I may be convicted of in the future.

AUTHORIZATION OF SUBMISSION OF FINGERPRINTS

I authorize the submission of my fingerprints to the Nevada Department of Public Safety for submission to the Federal Bureau of Investigation for its background check report.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

I understand that a person who willfully provides a false statement or information connected with a background investigation that would disqualify the person from employment, including without limitation, a conviction of a crime listed in NRS 449.174, is guilty of a misdemeanor.

I declare under penalty of perjury that the foregoing is true and correct.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____ Date: _____

Submitting Agency: Nevada Health Authority—Division of Purchasing and Compliance

Address: 727 Fairview Drive, Suite E—Carson City, NV 89701

Agency representative: Smothers, Michelle
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature:  Date: _____

727 Fairview Drive, Suite E • Carson City, NV 89701
500 Damonte Ranch Pkwy, Ste 657A • Reno, NV 89521
500 E Warm Springs Road, Suite 200 • Las Vegas, NV 89119