Seasons Change

Criminal Verification Authorization

Public Act 303 of 2002, Section 20173 (1) requires that a health facility or agency that is a nursing home, county medical care facility, or home for the aged shall not employ, independently contract with, or grant clinical privileges to an individual who regularly provides direct services to patients or residents in health facilities or agency if the individual has been convicted of one or more of the following:

A) A felony or an attempt or conspiracy to commit a felony within the 15 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract.

B) A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in the section 145m of the Michigan penal code, 1931 PA 328, MCL 750.14m, or a state or federal crime that is substantially similar to a misdemeanor described in this subdivision, within 10 years immediately preceding the date of application for employment or clinical privileges or the date of execution of the independent contract.

Section 6 – Conditional Employment or Privileges (MCL 333.20173)

I _____ attest to the fact that;

(i) I have not been convicted of one or more of the crimes listed in subsections (1) (A) or (B).

(ii) If my statements contradict the result of the criminal history, my employment or privileges will be terminated unless I can prove the results of the history check to be wrong. The covered entity shall supply me with the results of all history checks upon request.

(iii) I understand that a violation of subparagraph (i) or (ii) is good cause for termination.

☐ By checking this box I am submitting my signature to consent to allow Seasons Change to verify any possible criminal history. I declare that I have examined and completed the above information to the best of my knowledge and belief.

** Signature _____ Date _____

Please provide the following information required to perform the history check permitted by public Act 303 of 2002.

_____

Last Name First Name MI

_____

Street Address City State Zip Code County

_____

Date of Birth Race Sex Height Weight

_____

Hair Color Eye Color State Born in County Born in

_____

Social Security Number Driver's License Number Previous Last Name