



BACKGROUND INFORMATION ACKNOWLEDGMENT FORM

Full Legal First Name

Full Legal Middle Name

Full Legal Last Name

1. Do you have any criminal investigations, charges and/or indictments pending against you?

Yes _____ No _____ If yes, please explain

1. - Nature of pending _____

2. - Charges/investigations _____

3. - County/State in which situation occurred _____

2. Have you ever been convicted or found guilty of, pled, or entered a plea of nolo contendere or no contest to a crime?

Yes _____ No _____ If yes please explain

1. - Nature of crime _____

2. - Date of conviction _____

3. - County/State in which convicted _____

3. Are you currently subject to an investigation by the board of nursing, Professional Registry, or any other healthcare related regulatory agency of any State?

Yes _____ No _____ If yes please explain

4. Have you current or previous professional licensures(s) or certifications(s), in any State, had any advance actions including, **but not limited to**, reprimands, sanctions, revocations, denials, probations, suspensions, terminations, warnings, or voluntary relinquishments?

Yes _____ No _____ NOT APPLICABLE _____

If yes, please explain _____

5. Have you ever been listed in poor standing on any health care registry as result of a substantiated finding of abuse, neglect, misappropriation of client or facility property, fraud involving a client or facility, or diversion of drugs belonging to a resident or facility? Are you currently the subject of a pending investigation related to any of the above?

Yes _____ No _____

If yes, please explain _____

6. Are you currently or have you ever been excluded or sanctioned for participating in Medicare, Medicaid, been listed on any State Medicaid exclusion list, or barred from participation in any other federal or State funded program?

Yes _____ No _____

If yes, please explain _____

I HEREBY VERIFY THAT THE INFORMATION CONTAINED ON THIS BACKGROUND INFORMATION, ACKNOWLEDGMENT FORM IS TRUE AND CORRECT AS OF THE DATE HEREOF, AND THAT MY APPLICATION OR EMPLOYMENT MAY BE TERMINATED BASED ON ANY FALSE, OMITTED OR FRAUDULENT INFORMATION.

SIGNATURE _____ DATE _____