



# OHIO HEALTH CONSORTIUM, INC.

1032 Buckeye Ave. Newark, Ohio 43055  
(740)344-4622 (888)368-3926 Fax (740)344-4623

## DSP Employment Connections

Attn: This form **must** be completed prior to arrival.  
Request for a Background Check via Electronic Fingerprinting

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

### Please check the box of the background check needed.



**BCI**

Reason for BCI background check : **Independent Provider 5123.169**

**NOTE:** This "reason" field must be completed. Please indicate the appropriate Ohio Revised Code section number or reason.  
For any questions call Civilian Identification Office (BCI) at 877-224-0043



**FBI**

Check this box only if you have lived outside the State of Ohio for any time during the last 5 years, or if you have ever been convicted of a crime in any state.

Reason for BCI background check : **Independent Provider 5123.169**

: The "reason" field must include the section number or reason for the type of background check. The FBI background check can only be processed for working with children, working with the elderly, and certain types of licensing. If you are not certain about the reason, please contact the FBI at 540-868-1535.

Address for results to be mailed :

**Ohio DODD Provider Certification**

**30 E Broad Street 13<sup>th</sup> Floor**

**Columbus, OH 43215**

**For FBI enter Provider Certification in attention Line**

**Have you lived in Ohio for more than 5 years? Y / N**

**Direct Copy to (circle only one):** (Provider, unless you have been told to mark one of the options below please circle None at the bottom)

Ohio Dept. of Education

Ohio Board of Nursing

Oho Dept. of Public Safety

Ohio Dept. of Liquor Control

Respiratory Care Board

BMV Dealer License

BMV Deputy Registrar

Child Care Ctr-Type A-ODJFS

Ohio State Racing Commission

Ohio Dept. of Insurance

Lottery Commission

Dietetic Board

OPOTA

Ohio Construction Board

Ohio Pharmacy Board

Social Work Board

**None**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to \_\_ (those indicated above) \_\_. I voluntarily and knowingly release and discharge the Ohio Health Consortium, Inc., Ohio Attorney General's Office, BCI the FBI and their employees and officers from all claims and liability related to this authorized criminal record review and dissemination.

**Attention: To be signed at Ohio Health Consortium, Inc.**

Applicant's Name (please print)

OHC Staff Name (please print)

Applicant's Signature (date)

OHC Staff Signature (date)

Phone \_\_\_\_\_

Rev. Dec 3, 2021