

		<b>AUTHORIZATION FOR BACKGROUND CHECK</b>		<b>RENEWAL</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE COMPLETE IN PRINT LETTER					
<b>SECTION 1. ENTITY INFORMATION</b>					
1A. ENTITY REQUESTING VERIFICATION			1B. ENTITY PHONE		
<b>SECTION 2. INFORMATION OF THE APPLICANT TO BE VERIFIED CREDENTIALS AND FINGERPRINTS</b>					
2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH (MM/DD/YYYY)		4. GENDER F _____ M _____ OTHER _____	
				5. HEIGHT _____' _____" WEIGHT _____ POUNDS	
6. NAME IN PRINT WRITING ACCORDING TO YOUR DRIVER'S LICENSE OR VALID PHOTO ID. TYPE N/A IN THE BOX IF YOU DO NOT HAVE A MIDDLE NAME.					
NAME:		SECOND NAME:		PATERNAL LAST NAME:	
				MATERNAL LAST NAME:	
TYPE IN PRINT WRITING THE OTHER NAMES, SECOND NAMES, AND SURNAMES YOU HAVE USED. TYPE N/A IF YOU ARE NOT KNOWN BY ANOTHER NAME					
NAME:		SECOND NAME:		PATERNAL LAST NAME:	
				MATERNAL LAST NAME:	
7. U.S. CITIZEN YES _____ NO _____			COUNTRY OF BIRTH _____		8. EYE COLOR
PERMANENT RESIDENT NO. ID _____					<input type="checkbox"/> MARRON <input type="checkbox"/> GRAY <input type="checkbox"/> BK ASIAN <input type="checkbox"/> MULTICOLOR
FOREIGNER AUTHORIZED TO WORK NO. ID _____					<input type="checkbox"/> MAROON <input type="checkbox"/> BLUE <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK <input type="checkbox"/> GREEN
9. IDENTIFICATION			ISSUING AUTHORITY (DTOP OR COUNTRY)		
<input type="checkbox"/> DRIVER'S LICENSE _____ EXP _____/_____/_____ <input type="checkbox"/> PASSPORT # _____ EXP _____/_____/_____ <input type="checkbox"/> REAL ID # _____ EXP _____/_____/_____			_____ _____ _____		
10. RACE			11. HAIR COLOR		
<input type="checkbox"/> CAUCASIAN, (PUERTO RICO, CUBAN, MEXICAN, CENTRAL OR SOUTH AMERICAN)			<input type="checkbox"/> BALD <input type="checkbox"/> RED <input type="checkbox"/> SANDY		
<input type="checkbox"/> ASIAN			<input type="checkbox"/> AUBURN <input type="checkbox"/> BLONDE <input type="checkbox"/> WHITE <input type="checkbox"/> BLUE		
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN			<input type="checkbox"/> BLACK <input type="checkbox"/> ORANGE <input type="checkbox"/> GREEN <input type="checkbox"/> STRAWBERRY		
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			<input type="checkbox"/> MARRON <input type="checkbox"/> GRAY OR PARTIALLY <input type="checkbox"/> PINK <input type="checkbox"/> PURPLE		
12. PHONE NUMBER ( )			13. CORREO ELECTRÓNICO		
14. CURRENT PHYSICAL ADDRESS TIME IN THIS ADDRESS - SINCE MONTH YEAR					
			CITY	STATE	POSTAL CODE
15. MAILING ADDRESS TO WHICH WE CAN SEND CONFIDENTIAL INFORMATION IF DIFFERENT FROM THE PHYSICAL ONE					
			CITY	STATE	POSTAL CODE
16. HAVE YOU LIVED IN SOME OTHER ADDRESS IN THE LAST 5 YEARS?					
1. PREVIOUS ADDRESS		TIME IN THIS ADDRESS	SINCE MONTH	YEAR	UNTIL MONTH
2. PREVIOUS ADDRESS		TIME IN THIS ADDRESS	SINCE MONTH	YEAR	UNTIL MONTH
17. YOU MUST ANSWER THE FOLLOWING QUESTIONS. ADD AN ADDITIONAL PIECE OF PAPER IF YOU NEED TO ADD ADDITIONAL CRIMES OR PENDING CHARGES.					
17 A. Have you been convicted of any charges or crimes? <input type="checkbox"/> YES <input type="checkbox"/> No If yes, complete the following spaces:					
Final Disposition:		Country:	Date of offence:	In which Court	
17B. Do you have (pending) charges against you for any crime? <input type="checkbox"/> YES <input type="checkbox"/> No If yes, fill in the following spaces :					
Final Disposition:		Country:	Date of offence:	In which Court	
17C. Have you been prosecuted and found not guilty of any crime? <input type="checkbox"/> YES <input type="checkbox"/> No Date of offence: / / In which Court					
17D. Have you been prosecuted and found guilty of any crime? <input type="checkbox"/> YES <input type="checkbox"/> No Date of offence: / / In which Court					
17E. Has a court or agency issued an order or notice stating that you have sexually abused, physically abused, neglected, abandoned or exploited a child, disabled or vulnerable adult? <input type="checkbox"/> YES <input type="checkbox"/> No					
17F. Has any government agency ever denied, canceled, or revoked a contract due to negligence of children, seniors, or the disabled? <input type="checkbox"/> YES <input type="checkbox"/> No					
17G. Has any government agency ever denied, canceled, or revoked a license due to negligence of children, seniors, or the disabled? <input type="checkbox"/> YES <input type="checkbox"/> No					
17H. Have you ever given up your contract or license because a government agency intervened against you for negligence of children, seniors, or the disabled? <input type="checkbox"/> YES					
17I. Has any court ever issued orders against you for mistreatment, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, disability, or child? <input type="checkbox"/> YES <input type="checkbox"/> No					
• Protective Order/Permanent Restraining Order* for Vulnerable Adults, Whether Active or Expired <input type="checkbox"/> YES <input type="checkbox"/> No					
• A protective order due to sexual assault <input type="checkbox"/> YES <input type="checkbox"/> No					
• Permanent anti-attack civil protection order*, whether active or expired. See the definition of "permanent" in the instruction <input type="checkbox"/> YES <input type="checkbox"/> No					
18. CURRENTLY WORKING? <input type="checkbox"/> YES <input type="checkbox"/> No VOLUNTARY <input type="checkbox"/> LOOKING FOR A JOB? <input type="checkbox"/> STUDENT/INTERN? <input type="checkbox"/> YES <input type="checkbox"/> No JOB OFFER <input type="checkbox"/> YES <input type="checkbox"/> No					
Name of the current Employer or with a job or internship offer			Start date / /		Position or has occupied
19. I ACCEPT THAT I AM THE PERSON DESCRIBED IN THIS DOCUMENT, AND:					
● Understand that if I do not tell the whole truth in this document I may be accused of perjury and may violate Law No. 300 of September 2, of 1999 as amended by Act No. 224 of December 17, 2015 and may not be authorized to offer services and/or work with adults vulnerable, minors, or children. I understand and accept that my signature in box 20 and my initials mean that:					
● I authorize the PR Department of Health to verify my background with any government entity and law enforcement agency..					
● The result of my background check may include information previously disclosed by myself and fingerprint results that are in the DSPR Background Check system and that this information will be reported as permitted by federal and/or state laws.					
● If a final finding is identified, the DSPR may report my name and that a finding was identified in the credential verification result.					
● I authorize the PR Department of Health to release the results of my background check to the persons or entities mentioned in Section 1.					
● I authorize the PR Department of Health to include my PHOTOGRAPH as part of the certification of my credentials and criminal history verification.					
● By signing this form I am accepting the information and requirements described here and those necessary for the certification process with my fingerprints					
This form must be signed and initialed in order for fingerprinting to proceed on the day of your appointment. You are hereby notified that if you do not agree, the process will NOT be carried out.					
20. REQUIRED: YOUR SIGNATURE.		I agree to include a PHOTOGRAPH in the certification (initials)		TODAY'S DATE DAY/MONTH/YEAR	
				/ /	
21. I request and authorize that my fingerprint be registered in the FBI's RAP BACK (Record of Arrest and Prosecution Background) service		REQUIRED: YOUR SIGNATURE.		TODAY'S DATE DAY/MONTH/YEAR	
				/ /	
I agree to have received guidance on how to obtain the Law 300 certification, the information on the Law statement, privacy rights and appeals. Initials _____					

## INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FOR CREDENTIAL AND CRIMINAL HISTORY VERIFICATION - LAW 300

These instructions provide general guidelines for completing the credential and criminal history verification authorization form.

The Puerto Rico Background Check Program (PRBCP) cannot perform credential and criminal history verification unless all required fields are completed.

### IMPORTANT: Indicate if it is a RENEWAL by completing the first box on the right.

If you do not provide all the required information, your background check will be delayed.

**ATTENTION ENTITIES AND INDIVIDUALS:** Submit this authorization form only once. Multiple submissions of the same authorization form will result in delays in processing background checks.

### SECTION 1: ENTITY OR EMPLOYER REQUESTING YOUR BACKGROUND CHECK

This section corresponds to the name of the employer, government or private entity, contracting authority, and/or name of the professional services provider.

Box No. Instructions

1A Enter the name of the entity, employer, or person (if an independent contractor) requesting the background check.

1B Enter the phone number of the entity, employer, or person requesting Law 300.

### SECTION 2: TO BE COMPLETED BY THE APPLICANT WHO WILL BE CHECKED FOR CREDENTIALS AND FINGERPRINTS

This section must be completed by the applicant. The applicant is the person whose background we are checking. PRDOH staff should not complete this form for the applicant. Note: Adult Protective Services (APS) program staff may complete the applicant's information for a background check for an APS investigation. puede completar la información del solicitante para una verificación de antecedentes para una investigación de APS.

Box No. Instructions

2 Your Social Security number is required. Your Social Security number helps the Central Background Check Unit link your identity to the person you are applying for. Enter your Social Security number, name and date of birth with existing records in our database and may expedite the processing of your background check.

3 Write your date of birth including the month, day and year.

4 Write your gender

5 Write your height and weight.

6 **Current Name: Enter your first, middle, and last name as they appear on your current driver's license or other primary identification.** with photo. (See example below) Government-issued photo Real IDs that are accepted include Real ID driver's license, Real ID, U.S. Military ID, U.S. or foreign passport, or federally recognized tribal ID. Write N/A on each box in which you do not have a name to write.

**REQUIRED: PRINT YOUR NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE. WRITE N/A IF YOU DO NOT HAVE**

**EXAMPLE NAME: JOHN**

**MIDDLE NAME: N/A**

**LAST NAME:**

**SECOND LAST NAME:**

**Other Names:** Print all other first, middle, or last names you have used. This includes nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last name, you should write N/A. Do not leave any boxes blank. (See examples below)

**Example 1 –** How to spell two nicknames and a maiden name. No other intermediate names have been used.

**REQUIRED: PRINT ALL OTHER NAMES, MIDDLE NAMES, AND LAST NAMES YOU HAVE USED. N/A YES NO**

**NAME**

**MIDDLE NAME: N/A**

**LAST NAME:**

**SECOND LAST NAME:**

JUAN

N/A

DEL PUEBLO

N/A

**Example 2 –** when to write N/A because no other name, middle name, or surname has been used.

**REQUIRED: PRINT ALL OTHER NAMES, MIDDLE NAMES, AND LAST NAMES YOU HAVE USED. WRITE N/A**

**NAME**

**MIDDLE NAME: N/A**

**LAST NAME:**

**SECOND LAST NAME:**

N/A

N/A

N/A

N/A

7 Mark if you are a U.S. citizen and complete the city or country of birth. If you are a foreigner, write your resident identification number. permanent or identification that authorizes you to work in the U.S. and its territories

8 Check your eye color

9 Write your driver's license, passport, or ID number and the state in which it was issued. This is the one you will be presenting on the day of your fingerprint.

10 Check your race box: CAUCASIAN (PUERTO RICO, CUBA, MEXICO, CENTRAL AMERICA, SOUTH AMERICA)

11 Check the hair color box when taking your fingerprint.

12 Telephone number where you can be reached during the day.

13 Please provide an email address where we can contact you.

14 Enter your physical address. If your physical address, indicate how long you have lived there.

15 Enter your mailing address so BCCU can send confidential information, such as a copy of your background check results.

16 Have lived continuously at the same address without living at another address, town, state, or country for the past five years (60 months),

Answer YES. If you have lived in any other town, state, country, or address other than the one indicated in number 16 during the last five years

Answer YES and add the previous addresses and dates (from, month, and year). Use another piece of paper if necessary or if you need more space.

**See important information on how to answer self-disclosure questions according to the description for Box 17.**

Box No. 17 Instructions

17 17a and 17b - You must mark YES or NO. If you mark YES, you must write the name of the offense, the degree (if any), the state, and the date of conviction (If you need to complete additional convictions, attach an additional sheet of paper to the background check authorization form. Include your name and all required information listed above.

17c and 17d - You must mark YES or NO. If you mark YES, you must write the name of the pending charge, the degree (if any), and the status. If you need to complete additional pending charges, please attach an additional sheet of paper to the background check authorization form. Include your name and all required information listed above

17e - 17i Read each question carefully before answering. You must mark YES or NO.

18 Indicate if you are currently working, volunteering, seeking employment, a student, or have a job offer. Indicate your current employer or agency, or volunteer, entity that offers employment or start date and position to be filled.

19 **Read the statements in box 19.** Your signature and initials in box 20 means that you have read, understood, and agreed to the statements in box 19.

20 **Sign your name according to box 6.** Write your initials accepting and authorizing the inclusion of your photo in the credential verification certification. Enter the month/day/year (MM/DD/YYYY) in which you signed box 20.

21 I request and authorize that my fingerprint be registered in the FBI's RAP BACK (Record of Arrest and Prosecution Background) service.

In those cases in which the person continues to be employed or contracted with the same entity during the (2) two years following having obtained his certification of criminal history and said person is registered in the FBI's RAP BACK (Record of Arrest and Prosecution Background) service

The employer must require the Criminal Record Certificate issued by the PR Police so that the certification is valid for the following year until a maximum of 3 years in total from the time the fingerprints were taken

**IMPORTANT INFORMATION ABOUT RESPONDING TO SELF-DISCLOSURE QUESTIONS:** Your answers to self-disclosure questions will become part of your background check history and are stored in the DSPR database. Self-disclosures are reported as part of your background check, like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions in the same way each time you fill out the background check authorization form, unless the question has changed or the previous answer was incorrect. It is also recommended that you consult the charging documents, court records, or other official documents and list your criminal convictions, pending charges, dates and other information exactly as it appears in those documents.

**If you have questions about the credential and criminal history verification process, please contact:**

**prbackgroundcheck@salud.pr.gov or by phone (787)522-3966 EXT 2234**

**This form must be signed and initialed in order for fingerprinting to proceed on the day of your appointment. If you do not agree, the process will NOT be carried out.**