State of California-Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Criminal Background Section (CBS)
MS 3304
P.O. Box 997416
Sacramento, CA 95899-7416
(916) 327-2445 Fax: (916) 552-8854

Transmittal Application for Criminal Record Clearance

Date sent: ________________

(See Live Scan process instructions on reverse)

This form must be completed by the facility administrator or other authorized staff and submitted to the address above, or faxed using the Live Scan process on reverse. When criminal record clearance is approved, the individual named below will be cleared for employment or facility licensing purposes. The Department will mail a criminal record clearance notification to the licensee. The licensee may send a copy of the clearance notification to the individual as needed. A copy of the clearance notification must be kept on file on the facility premises and made available to the surveyor during a California Department of Public Health survey or complaint visit.

Type of Intermediate Care Facilities (ICF)/Agency

- ☐ Developmentally Disabled (DD)
- ☐ Developmentally Disabled Habilitative (DDH)
- ☐ Developmentally Disabled Nursing (DDN)
- ☐ Developmentally Disabled-Continuous Nursing (DD-CN)
- ☐ Adult Day Health Care (ADHC)
- ☐ Home Health Agency Licensee (HHL)
- ☐ Private Duty Nursing Agency (PDN)

Position of Applicant *(check one)*

- ☐ Direct care staff
- ☐ Administrator (Manager)
- ☐ Owner
- ☐ Program Director
- ☐ Fiscal Officer of ADHC
- ☐ Consultant or licensed professional
- ☐ Adult living in facility

Applicant Information

Name of Individual Applying for Criminal Record Clearance			Telephone Number ( ) -
Individual's Mailing Address (Number and Street, or P.O. Box Number)	City	State	ZIP Code

Date of Birth Month / Day / Year	Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___	Driver's License Number	State

Please list below any previous out-of-state address within the past five (5) years.*

Year(s)	Previous Mailing Address (Number and Street, or P.O. Box Number)	City	State	ZIP Code

*If additional fields are required, please use the reverse of this form.

Licensee Information

Licensee Name	Licensee Number		Telephone Number ( ) -
Licensee Address (Number and Street, or P.O. Box Number)	City	State	ZIP Code

Facility/Agency Information

Facility/Agency Name	Facility License Number		Telephone Number ( ) -
Facility/Agency Address (Number and Street, or P.O. Box Number)	City	State	ZIP Code

INSTRUCTIONS

The Live Scan process

Complete the Request for Live Scan Service (BCIA 8016) form **before** going to a Live Scan service site since most sites do not have a supply of these forms. Follow the **SAMPLE BCIA 8016** for completion of the form. Information regarding Live Scan sites can be found on the Attorney General's website at http://ag.ca.gov/fingerprints/publications/contact.php. You are encouraged to contact the Live Scan provider in advance to verify hours of operation and fees required.

Submit this completed transmittal (CDPH 322) and a copy of the Live Scan form to California Department of Public Health, Criminal Background Section, at the address on the front of this transmittal form.

Please list below any previous out-of-state address within the past five (5) years.

Year(s)	Previous Mailing Address (Number and Street, or P.O. Box Number)	City	State	ZIP Code
Year(s)	Previous Mailing Address (Number and Street, or P.O. Box Number)	City	State	ZIP Code
Year(s)	Previous Mailing Address (Number and Street, or P.O. Box Number)	City	State	ZIP Code

Information Collection and Access: Privacy Statement

This information is required by the California Department of Public Health, Licensing and Certification, Criminal Background Section, to fulfill its obligations in following the guidelines for requesting Live Scan services for use by the Department of Justice for criminal record clearance. The Department will not disclose this information to any inquirer. For more information, contact the address in the upper right corner on the front of this application.

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code, Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Health Integrity and Protection Data Bank as required by 45 CFR, Section 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.