



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

January 6, 2011

AFL 11-06

TO: Home Health Agencies

SUBJECT: Fingerprint Clearance Requirements for Owners, Administrators, and Administrator's Designee

The purpose of this All Facilities Letter is to serve as a reminder of the criminal record clearance requirements for home health agencies licensed by the department. Pursuant to Health and Safety Code Section 1728.1(a)(2)(A) a criminal record clearance is required for the following individuals:

- The owner or owners of a home health agency if the owners are individuals;
- If the owner of a home health agency is a corporation, partnership or association, any person having a ten (10) percent or greater interest in that corporation, partnership or association and;
- The administrator and administrator's designee of a home health agency.

The individuals identified above are required to submit a Request for Live Scan Service: BCII 8016 form. For your convenience, a link to the BCII 8016 and a sample form is provided. The "sample form" provides instructions to assist you in correctly entering the required information. Once the form is completed, the Request for a Live Scan Service: BCII 8016 form should be taken to a live scan vendor.

- ¹ [Sample Form](http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/bcii8016Samplefiu-Sept2010.pdf) (Completed) Request for Live Scan Service: BCII 8016(PDF)
- ² [Request for Live Scan Service: BCII 8016 \(PDF\)](http://ag.ca.gov/fingerprints/forms/BCII_8016.pdf) 

Please note the live scan vendor will complete the Transaction Section (gray area) of the Live Scan Service: BCII 8016 form.

¹ <http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/bcii8016Samplefiu-Sept2010.pdf>

² http://ag.ca.gov/fingerprints/forms/BCII_8016.pdf

The following link to the California Department of Justice website may assist you in locating a live scan vendor.

<http://ag.ca.gov/fingerprints/publications/contact.php>

Once the live scan process is complete, please submit the CDPH 325 Criminal Record Clearance Submission listing the owners, administrators, and proof of live scan to the Centralized Applications Unit. The CDPH 325 form can be found using the following link:

³[Criminal Record Clearance Submissions: CDPH 325 \(PDF\)](#)

All individuals identified above who have not already completed the criminal record clearance process should mail the CDPH 325 on or before March 31, 2011 to:

Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
P. O. Box 997413, MS 3402
Sacramento, CA 95899-7413
Attention: Imelda Ruiz

Failure to comply with the above may result in a delay or denial of license renewal.

If you have any questions, contact Elena Marquez, Chief of the Centralized Applications Unit at (916) 552-8756.

Sincerely,

Original Signed by Pamela Dickfoss

Pamela Dickfoss
Acting Deputy Director
Center for Health Care Quality

Attachments

³ <http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph325.pdf>



**SAMPLE FOR HOME HEALTH AGENCY LICENSEE
REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

A1226

ORI (Code assigned by DOJ)

Employment or License (Choose one)

Authorized Applicant Type

Home Health Agency Licensee

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

California Department of Public Health (CDPH)

Agency Authorized to Receive Criminal Record Information

03314

Mail Code (five-digit code assigned by DOJ)

MS 3304, P.O. Box 997416

Street Address or P.O. Box

(Leave blank)

Contact Name (mandatory for all school submissions)

Sacramento

City

CA

State

95899-7416

Zip Code

(Leave blank)

Contact Telephone Number

Applicant Information:

Your last name

Last Name

Your first name & middle initial

First Name

Middle Initial

Suffix

Other Name *Other last names known as*

(AKA or Alias) Last

Other first names known as

First Name

Suffix

Date of Birth

Date of Birth

Sex:

Male

Female

California Driver's License Number

Driver's License Number

Height

Height

Weight

Weight

Color

Eye Color

Color

Hair Color

Billing

Number

Not Applicable

(Agency Billing Number)

Place of Birth

Place of Birth (State or Country)

**Social Security Number (Required by CDPH)*

Social Security Number

Misc.

Number

Your telephone number

(Other Identification Number)

Home

Address

Your mailing address

Street Address or P.O. Box

City

State

Zip Code

Your Number: **Social Security Number (Required by CDPH)*

OCA Number (Agency Identification Number)

Level of Service: DOJ

FBI

If re-submission, list ATI number:
(Must provide proof of Rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Facility Name

Employer Name

(Leave blank)

Mail Code (five-digit code assigned by DOJ)

Facility Address

Street Address or P.O. Box

Facility Telephone Number

Telephone Number (optional)

City

State

Zip Code

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed

