

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

Determination ID: _____	Date of Authorization: _____
ORI: _____	Date Authorization Expires: _____

Fingerprinting Authorization Form

Connecticut Department of Public Health, Long-Term Care Background Search Program
410 Capitol Avenue, MS #12LEG, P.O. Box 340308, Hartford, CT 06134

Phone: (860) 509-8366 Fax: (860) 707-1976

Email: dph.ABCMS@ct.gov Website: www.ct.gov/dph/ABCMS

There are two copies of this form: one copy is printed for the applicant, to take to get fingerprinted. Long-term care facilities shall maintain a copy of this form, signed and dated by the applicant, on file by, and readily accessible to, the long-term care facility for not less than one year from the date the applicant signed the Fingerprinting Authorization Form.

You have received this form because you have applied for a position for which a criminal history record search is required pursuant to Section 19a-491c of the Connecticut's General Statutes. Your fingerprints must be collected at one of the designated locations listed on this form. No other fingerprinting vendors are authorized to participate in this program. As a result of the criminal history record search, you will be listed in the Health Care Worker Registry.

The following information is required to process a complete and accurate criminal history record search. You must present current, valid, government-issued photo identifications to be fingerprinted (e.g., driver's license, state ID, military ID, passport). You only have THIRTY (30) DAYS from the Date of Authorization (printed on the top right corner of this form) to have your fingerprints collected at one of the designated Connecticut State Police Troop locations or your fingerprint criminal history record search shall be suspended after the Date Authorization Expires (also printed on the top right corner of this form).

Last Name	
First Name	
Middle Name	
Suffix	
Maiden or Other Name(s)	
<i>Permanent Address</i>	
Street Address	
City	
State	
Zip Code	
<i>Mailing Address (if different)</i>	

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

Street Address	
City	
State	
Zip Code	
Social Security Number	<input type="checkbox"/> This is an ITIN
Date of Birth	
Race	
Gender	
Eye Color	
Hair Color	
Height	
Weight	
Place of Birth	

Name of Facility Where You Are Applying:

Facility Address:

Facility Telephone Number: _____

I understand that the information requested herein regarding gender, race, height, weight, eye color, hair color, date of birth, and social security number is for the sole purpose of identification. The gathering of this information and the processing of this application is required by the State of Connecticut and Federal Bureau of Investigation for the purpose of a state and national criminal history record check pursuant to Section 19a-491c of Connecticut's General Statutes. This information will not be used to discriminate against me in violation of the law.

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I hereby authorize the Connecticut Department of Public Health (Department), the health care employer or facility, the Department's designee that trains or tests health care workers, a staffing agency, or other authorized entity to request a fingerprint-based criminal history records search.

I further authorize the Connecticut State Police to release information relative to the existence or nonexistence of any criminal record which might have concerning me to the requestor solely to determine my suitability for employment, contract, or volunteer in a long-term care facility.

I further authorize any agency that maintains records relating to me, including but not limited to the Federal Bureau of Investigation or a local unit of government, to provide same on request to the Connecticut State Police or the Department.

I certify that the Connecticut State Police and any agency, including the Department, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information.

I certify that the above is true and correct and give my consent for my name to appear on the Department's Health Care Worker Registry with the results of my criminal history record search.

Applicant's Name (please print): _____

Signature of Applicant: _____

Date: _____

Reason Fingerprinted: CT Gen. Statutes (19a-491c) and CMS NCBP 6201

Connecticut State Police Troops and Districts

PLEASE CALL AHEAD TO TROOP LOCATIONS FOR AVAILABILITY

*800 NUMBERS ARE ONLY ACCESSIBLE WITHIN CONNECTICUT

<p>CONNECTICUT STATE POLICE - HQ 1111 Country Club Road Middletown, CT 06457 TELEPHONE: (860) 685-8190 Hours: Monday – Friday 8:30am - 4:00pm</p>	<p>TROOP C - TOLLAND 1320 Tolland Stage Tolland, CT 06084 TELEPHONE: (800) 318-7633 (860) 896-3200</p>
<p>TROOP H - HARTFORD 100R Washington Street Hartford, CT 06106 TELEPHONE: (800) 968-0664 (860) 534-1000</p>	<p>TROOP D - DANIELSON 55 Westcott Road Danielson, CT 06239 TELEPHONE: (800) 954-8828 (860) 779-4900</p>
<p>TROOP G - BRIDGEPORT 149 Prospect Street Bridgeport, CT 06604 TELEPHONE: (800) 575-6330 (203) 696-2500</p>	<p>TROOP I - BETHANY 631 Amity Road Bethany, CT 06525 TELEPHONE: (800) 956-8818 (203) 393-4200</p>
<p>TROOP L - LITCHFIELD 452A Bantam Road Litchfield, CT 06759 TELEPHONE: (800) 953-9949 (860) 626-7900</p>	<p>TROOP K - COLCHESTER 15A Old Hartford Road Colchester, CT 06415 TELEPHONE: (800) 546-5005 (860) 537-7500</p>
<p>TROOP E – MONTVILLE I-395 North (between exits 79 & 79a) Uncasville, CT 06335 TELEPHONE: (800) 953-7747 (860) 848-6500</p>	<p>TROOP F - WESTBROOK 315 Spencer Plains Road Westbrook, CT 06498 TELEPHONE: (800) 256-5761 (860) 399-2100</p>
<p>TROOP A –SOUTHBURY 90 Lakeside Road Southbury, CT 06488 TELEPHONE: (800) 375-9918 (203) 267-2200</p>	<p>TROOP B – CANAAN Route 7, 463 Ashley Falls Road North Canaan, CT 06018 TELEPHONE: (800) 497-0403 (860) 824-2500</p>

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Last Name	
First Name	
Middle Name	
Suffix	
Maiden or Other Name(s)	
<i>Permanent Address</i>	
Street Address	
City	
State	
Zip Code	
<i>Mailing Address (if different)</i>	
Street Address	
City	
State	

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Zip Code	
Social Security Number	<input type="checkbox"/> This is an ITIN
Date of Birth	
Race	
Gender	
Eye Color	
Hair Color	
Height	
Weight	
Place of Birth	

Name of Facility Where You Are Applying:

Facility Address:

Facility Telephone Number: _____

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