

**SECTION 1. ENTITY INFORMATION**

1A. ENTITY REQUESTING VERIFICATION _____	1B. NAME OF THE CONTACT PERSON OF THE ENTITY _____	1C. ENTITY PHONE _____
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2. ONLY REQUIRED FOR EMPLOYMENT WITH PUERTO RICO GOVERNMENT AGENCY

AGENCY \_\_\_\_\_ PROGRAM \_\_\_\_\_

Permanent regular     Transitory     Employment Agency     Work-study / professional practices     Voluntary     Contract

**SECTION 2. INFORMATION OF THE APPLICANT TO BE VERIFIED CREDENTIALS AND FINGERPRINTS**

3. SOCIAL SECURITY NUMBER _____	4. DATE OF BIRTH (MM/DD/YYYY) _____	5. GENDER    F                    M                    OTHER
		6. HEIGHT _____' _____"    WEIGHT _____ POUNDS

7. NAME IN PRINT WRITING ACCORDING TO YOUR DRIVER'S LICENSE OR VALID PHOTO ID. TYPE N/A IF YOU DO NOT HAVE A MIDDLE NAME NAME: _____	SECOND NAME: _____	PATERNAL LAST NAME: _____	MATERNAL LAST NAME: _____
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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: _____
NAME: _____	SECOND NAME: _____	PATERNAL LAST NAME: _____	MATERNAL LAST NAME: _____

8. U.S. CITIZEN YES _____ NO _____ PERMANENT RESIDENT NO. ID _____ FOREIGNER AUTHORIZED TO WORK NO. ID _____	COUNTRY OF BIRTH _____	9. EYE COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> MULTICOLORED <input type="checkbox"/> BLUE <input type="checkbox"/> MAROON <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK <input type="checkbox"/> UNKNOWN
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10. IDENTIFICATION <input type="checkbox"/> DRIVER'S LICENSE    _____    EXP _____/_____/_____ <input type="checkbox"/> PASSPORT #    _____    EXP _____/_____/_____ <input type="checkbox"/> REAL ID    _____    EXP _____/_____/_____ <input type="checkbox"/> CITIZEN (N560)    _____    EXP _____/_____/_____ <input type="checkbox"/> NATURALIZATION (N550)    _____    EXP _____/_____/_____ <input type="checkbox"/> OTHER    _____    EXP _____/_____/_____	ISSUING AUTHORITY _____ ISSUING AUTHORITY _____ ISSUING AUTHORITY _____ ISSUING AUTHORITY _____ ISSUING AUTHORITY _____
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11. RACE <input type="checkbox"/> CAUCASIAN, MEXICAN, PUERTO RICO, CUBAN, CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> NATIVE AMERICAN	12. HAIR COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> RED <input type="checkbox"/> SANDY <input type="checkbox"/> AUBURN <input type="checkbox"/> BLONDE OR STRAWBERRY <input type="checkbox"/> WHITE <input type="checkbox"/> BLUE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> ORANGE <input type="checkbox"/> BALD <input type="checkbox"/> GRAY OR PARTIALLY GRAY <input type="checkbox"/> PINK <input type="checkbox"/> PURPLE
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13. PHONE NUMBER ( ) _____ - _____	14. EMAIL _____@_____
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15. CURRENT PHYSICAL ADDRESS    TIME IN THIS ADDRESS - SINCE MONTH _____ YEAR _____	ADDRESS _____    CITY _____    STATE _____    POSTAL CODE _____
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15 a. WRITE IN PRINT LETTERS YOUR MAILING ADDRESS TO WHICH WE CAN SEND CONFIDENTIAL INFORMATION IF DIFFERENT FROM THE PHYSICAL ONE	ADDRESS _____    CITY _____    STATE _____    POSTAL CODE _____
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16. HAVE YOU LIVED IN SOME OTHER ADDRESS IN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO    WHERE? _____	
1. PREVIOUS ADDRESS    TIME IN THIS ADDRESS    SINCE MONTH    YEAR    UNTIL MONTH    YEAR	ADDRESS _____    CITY _____    STATE _____    POSTAL CODE _____
2. PREVIOUS ADDRESS    TIME IN THIS ADDRESS    SINCE MONTH    YEAR    UNTIL MONTH    YEAR	ADDRESS _____    CITY _____    STATE _____    POSTAL CODE _____
3. PREVIOUS ADDRESS    TIME IN THIS ADDRESS    SINCE MONTH    YEAR    UNTIL MONTH    YEAR	ADDRESS _____    CITY _____    STATE _____    POSTAL CODE _____

17. You must answer the following questions. Add an additional piece of paper if you need to add additional crimes or pending charges.

17A. 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 _____
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:	
1. Final Disposition: _____	Country: _____	Date of offence: _____/_____/_____    In which Court _____
2. Final Disposition: _____	Country: _____	Date of offence: _____/_____/_____    In which Court _____
17C. Have you been prosecuted and found <u>not guilty</u> of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of offence: _____/_____/_____	In which Court _____
17D. Have you been prosecuted and found <u>guilty</u> 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, 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 <input type="checkbox"/> No		
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 instructions..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

18. CURRENTLY WORKING? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> VOLUNTARY	LOOKING FOR A JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No	STUDENT/INTERN? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF THE CURRENT EMPLOYER OR WITH A JOB OR INTERNSHIP OFFER _____	START DATE _____/_____/_____	JOB OFFER? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS _____	CITY _____	CURRENT POSITION OR HAS OCCUPIED _____
PREVIOUS PATRON NAME _____	POSITION _____	SINCE MONTH _____ YEAR _____
TELEPHONE _____	ADDRESS _____	CITY _____
PREVIOUS PATRON NAME _____	POSITION _____	SINCE MONTH _____ YEAR _____
TELEPHONE _____	ADDRESS _____	CITY _____
		UNTIL MONTH _____ YEAR _____
		STATE _____ POSTAL CODE _____

19. I accept that I am the person mentioned above.

I understand that if I do not tell the whole truth on this form I may be charged with perjury, I could violate Act No. 300 of September 2, 1999 as amended. by Law No. 224 of December 17, 2015 and I may not be authorized to offer services and / or work with vulnerable adults, minors or children. I understand and agree that my signature in box number 20 means that:

- I authorize the PR Department of Health (PRDOH) to check 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 PRDOH Background Check system, and that this information will be reported as permitted by federal and/or state law.
- If a final finding is identified, the PRDOH will be able to report my name and that a finding was identified in the credential verification result.
- I authorize the PR Department of Health (PRDOH) to turn over the result of my background check to the individuals or entities mentioned in Section 1
- I authorize the Department of Health of PR (DSPR) to include my PHOTOGRAPH as part of the certification of my verification of credentials and criminal history
- 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 initiated in order to proceed with the fingerprinting on the day of the appointment. 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 _____
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# INSTRUCTIONS FOR FILLING OUT AUTHORIZATION FOR BACKGROUND CHECK - LAW 300

These instructions provide you with general guidelines for completing the BACKGROUND CHECK authorization form. This form is used by multiple PRDHS programs to meet various criminal history and credential verification needs. The DOH surveillance program that requires verification credentials and criminal history, it may have additional instructions that you must follow. The Puerto Rico Background Check Program (PRBCP) cannot perform criminal history and credential verification unless all required boxes are completed. Required fields have the word REQUIRED: next to the field number, as shown in the following example:

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

**ATTENTION ENTITIES AND PERSONNEL OF THE DSPR:** Deliver this authorization form only once. Multiple deliveries of the same authorization form cause delays in the processing of background checks.

### SECTION 1: TO BE COMPLETED BY THE ENTITY REQUESTING THE BACKGROUND CHECK

This section must be filled out by the entity requesting the background check. Entities are generally government agencies, contracting authorities and suppliers external parties who submit credential and criminal history verification requests to the PR Background Check Program office.

#### Box no. Instructions

- 1A Type the name of the entity requesting the background check.
- 1B Type the full address of the entity mentioned in box 1A.
- 1C Write the telephone number of the entity
- 2 Complete this box ONLY if the background check is for Government employment purposes. Third-party providers do not fill this box.

### SECTION 2: TO BE FILLED OUT BY THE APPLICANT

This section must be filled out by the applicant. The applicant is the person whose background we are checking. Except as provided in these instructions, the staff of the PRDOH must not fill out Section 2 by the applicant. Note: Adult Protective Services ("APS") program staff can fill out the information of the applicant for a background check for an APS investigation.

#### Box no. Instructions

- 3 Your social security number is required. Your social security number helps the Central Background Check Unit relate your name and date of birth with existing records in our database could speed up the processing of your background check.
- 4 Write down your date of birth including the month, day, and year.
- 5 Enter your gender.
- 6 Write down your height and weight.
- 7 Current Name: Enter your first name, middle name, and last name as they appear on your current driver's license or other primary photo ID. (See the example below)  
Government-issued photo IDs that are accepted include any federal, state, or local government-issued identification, U.S. military identification, U.S. or foreign passport, or federally recognized tribal ID. Type N/A in each box where you don't have a name to type.

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

NAME: JUAN	SECOND NAME : N/A	LAST NAME: DEL PUEBLO	SECOND LAST NAME :N/A
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Other Names: Print all other first names, middle names, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other name, middle name or last name, you must write N/A in the appropriate box. Do not leave any boxes blank. (See examples below)

**Example 1 – how to write two nicknames and a maiden name. No other intermediate name has been used**

**REQUIRED:** WRITE IN PRINT LETTER ALL OTHER NAMES, SECOND NAMES AND SURNAMES YOU HAVE USED. TYPE N/A IN THE BOX IF YOU ARE NOT KNOWN BY ANOTHER NAME

NAME:	SECOND NAME:	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 last name has been used.**

**REQUIRED:** WRITE IN PRINT LETTER ALL OTHER NAMES, SECOND NAMES AND SURNAMES YOU HAVE USED. TYPE N/A IN THE BOX IF YOU ARE NOT KNOWN BY ANOTHER NAME

NAME:	SECOND NAME:	PATERNAL LAST NAME:	MATERNAL LAST NAME:
N/A	N/A	N/A	N/A

- 8 Indicates U.S. citizen, country of birth, your legal resident no. ID or alien authorized to work no. ID.
- 9 Mark your eye color, race and hair color.
- 10 List your driver's license or passport or state-issued ID and the state in which it was issued. The one that will be presenting the day of the fingerprint.
- 11 Check your race (**Caucasian**-Mexican, Puerto Rican, Cuban, Central or South American)
- 12 Check the hair color box at the time of fingerprinting
- 13 Phone number where you can be reached during the day.
- 14 Please provide an email address at which we can contact you.
- 15 Enter your physical address. If your physical address and indicate the time living in it.
- 15 a. Write down your mailing address to which BCCU can send you confidential information, such as a copy of your background check result.
- 16 You have lived continuously in the same direction without living in another address, town, state or country for the past five years (60 months), answer YES. If you have lived in any other town, state or country or address other than the one indicated in number 16 during the last five years (60 months), answer YES and indicate the previous addresses and the dates you were in them (from month and year..) Use another paper if necessary or 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 – You must check YES or NO. If you check YES, you must write the name of the crime, the degree (if you have it), the status, and the date of conviction (MM/DD/YYYY).  
If you need to complete additional sentences, add an additional piece of paper to the background check authorization form. Include your name and all required information listed above.
- 17b - You must check YES or NO. If you check YES, you must write the name of the pending indictment, the degree (if any), and the status. If you need to complete additional pending indictments, add a sheet of paper to the background check authorization form. Include your name and all required information listed above
- 17c - 18i Read each question carefully before answering. You must check YES or NO.
- 18 Answer YES/NO if you are working, volunteer, looking for a job or a job offer. Write the name of your current employer or with whom you have a job offer, start date and position.  
Write down the names of your previous employers, start date, termination date, and position. If you need more space please include an additional blank sheet.
- 19 Please read the statements in box 19. Your signature and initials in box 20 mean that you have read, understand, and agree to the statements listed in box 19.
- 20 Sign your name as it appears in box 7. Write your initials accepting and authorizing the inclusion of your photo in the credential verification certification  
Write the month/day/year (MM/DD/YYYY) in which you signed box 20.

**IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS:** Your answers to self-disclosure questions become part of your history of background checks and are stored in the PRDOH database. Own disclosures are reported as part of your background check, such as 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 prosecution documents, court records, or others. official documents listing your criminal convictions, pending indictments, dates and other data exactly as they appear in those documents. If you have questions about the credential and criminal history verification process, please contact:

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

[prbackgroundcheck@salud.pr.gov](mailto:prbackgroundcheck@salud.pr.gov) o al teléfono (787)522-3966 EXT 2234

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