

HEALTH OCCUPATIONS CREDENTIALING CRIMINAL RECORD CHECK PROGRAM

This fillable form must be filled out and submitted to Health Occupations Credentialing in order to submit criminal record check requests.

REQUIRED FACILITY INFORMATION

FACILITY NAME : _____

FACILITY TYPE: _____

DATE OPENED: _____

EMAIL ADDRESS: _____

MAILING ADDRESS

STREET: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

MAIN CONTACT PHONE: _____

Number of criminal record checks you anticipate submitting? _____

Mail, fax or email this form back to: Health Occupations Credentialing
612 S Kansas Ave, Topeka, KS 66603

Fax Number – 785-296-3075

Email – crcstaff@kdads.ks.gov