HEALTH OCCUPATIONS CREDENTIALING
CRIMINAL RECORD CHECK PROGRAM

This form should be completed and submitted to Health Occupations Credentialing so a unique identifying number can be assigned as necessary to submit criminal record check requests.

REQUIRED FACILITY INFORMATION

FACILITY NAME: _____________________________________________________________

FACILITY TYPE: Please Circle — Home Health Agency (HHA) —
Adult Care Home (ACH) — Staffing Agency
HCBS Provider — IDD Provider — Residential Day
Targeted Case Mgmt. — SED Provider
Behavioral Health — Private Psychiatric Hospital (PPH)
CMHC — Residential Care Facility (RCF)

STATE ID* (ACH/HHA only if applicable): ____________________________
(*State Id is located on the facility license and starts with a capital letter followed by 6 digits)

NPI NUMBER (HCBS only if applicable): ____________________________

DATE OPENED: _______________________________

EMAIL: ______________________________
(the email provided will be the main POC between the facility and CRC staff)

ADDRESS: _____________________________________________________________

MAILING ADDRESS

STREET: _____________________________________________________________

CITY: ____________ STATE: ________________ COUNTY: __________

ZIPCODE: ______________________________

MAIN CONTACT PHONE: ______________________________

Submit Form via Fax or Email to:
Health Occupations Credentialing
Fax Number – 785-296-3075
Email – KDADS.CRCSTAFF@KS.GOV