

HEALTH OCCUPATIONS CREDENTIALING
INFORMATION REQUIRED FOR CRIMINAL RECORD CHECK TO BE REQUESTED

NAME INFORMATION

Last Name _____

First Name _____

Middle Name _____

Suffix (Jr, Sr, Etc) _____

Other Names Ever Used:

Last Name _____

Last Name** _____

**List additional names on the back.

DEMOGRAPHIC INFORMATION

Social Security Number _____

Date of Birth _____

Sex _____

Race (One of the following must be selected) _____

A – Asian or Pacific Islander

B – Black

I – Native American/Alaskan Native

W-White

ADDRESS INFORMATION

Address _____

City _____ State _____ County _____ Zip Code _____

Home Phone _____

Other State(s) in which you have lived in the past seven years _____