

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) HCBS Provider Behavioral Health
Adult Care Home (ACH) IDD Provider Private Psychiatric Hospital (PPH)
Staffing Agency Residential Day CMHC
Targeted Case Mgmt. Residential Care Facility (RCF)
SED Provider

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