



OKLAHOMA NATIONAL BACKGROUND CHECK PROGRAM (ONBCP)
Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN)
Long Term Care Facility/Provider Account - System End User and Security Agreement

Facility/Provider Name: _____

Oklahoma State License Number: _____
(PROVIDE COPY OF THE STATE LICENSE OR A COPY OF THE INITIAL APPLICATION FOR A STATE LICENSE)

Facility Representative who will act as administrator of all user accounts in OK-Screen. (Provider User Administrator)

FIRST NAME	LAST NAME
TITLE/POSITION	PROPOSED LOG-IN USER NAME
FACILITY E-MAIL	USER E-MAIL
FACILITY ADDRESS	
CITY/TOWN & ZIP CODE	FACILITY TELEPHONE

System End User and Security Agreement

*The Oklahoma Screening and Registry Employee Evaluation Network (OK-Screen) is password protected. You must register and secure a username and password before you access the secured site. Usernames and passwords are never to be shared at any time. All SUBSEQUENT users of the Facility account must secure a user name and password from the **Provider User Administrator**, listed above. The Facility and users are responsible for maintaining the confidentiality of the site information, usernames and passwords. Furthermore, the Facility and users are responsible for all activities that occur in the account on the OK-Screen site. All cost associated with the account is the responsibility of the Facility. The Facility will maintain the required documents for all applicants submitted for background screening and provide copies when requested by the ONBCP for FBI and OSBI audit purposes. Failure to follow the requirements of the ONBCP will result in termination of access to OK-Screen. Users of this site must notify the ONBCP office immediately of any known or suspected unauthorized use of their username and password, or any other breach of security. Contact the ONBCP office at (405) 426-8145, (885) 584-3550 or send an E-mail to okscreen@health.ok.gov*

The signatures below acknowledge and confirm we have read, understand, and accept the terms and conditions as stated in the System End User and Security Agreement.

Signature of Facility Representative-Provider User Administrator

Date

SIGNATURE OF AUTHORIZED OFFICER OF THE LICENSED OPERATING ENTITY - OWNER/OPERATOR
THIS IS NOT THE ADMINISTRATOR

 Printed Name & Title of Authorized Person

 E-Mail Address

 Signature of Authorized Person

 Date

Send completed form to okscreen@health.ok.gov. Note: Incomplete forms will not be processed.

Long Term Care Facility/Provider Account - Additional Information

This form can be used to establish a **Provider User Administrator** account with rights to several associated Long Term Care Facilities/Providers who have the same AUTHORIZED OFFICER for each licensed entity. If the user account is for several entities, attach a list with the license number of all the related entities and provide a copy of their license.

§ 63-1-1947. Employee background checks.

F. Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. (Direct patient access includes the performance of duties which involves, or may involve one-on-one contact with a service recipient of the employer on an ongoing basis, access to a service recipient's property, medical information or financial information. Results of the required registry screening must be maintained in the applicant's personnel file for audit purposes.)

H. An applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes. (A copy of the applicant's photo identification, Social Security Card, and the signed "Consent and Release Form" must be maintained in the applicant's personnel file for audit purposes. The Employer/Provider is required to obtain a completed "Consent and Release Form" from the applicant, which authorizes the Facility to submit the applicant for the criminal history screening thru the OK-Screen web portal.)

V. The Department shall maintain an electronic web-based system to assist employers, and nurse aide scholarship programs, required to check relevant registries and conduct criminal history record checks of its prospective students, employees, independent contractors, and those to whom the employer would grant clinical privileges. The employer shall maintain the status of the employment, contract, or privileges in the system, and the Department shall provide for an automated notice to employers for those employees, independent contractors, and those granted clinical privileges, who, since the initial check, have been convicted of a disqualifying offense or have been the subject of a substantiated finding on a relevant registry. (The Facility must maintain the status of all their employees in OK-Screen and annually confirm the employee's employment status. Accounts with no activity or no employees listed in the system will be disabled and/or closed.)

Must be maintained in Employee's Personnel File:

1. Consent and Release Form
2. Final Registry Results
3. Notification of Clearance Letter
4. Valid Government Photo Identification and Social Security Card
5. Provisional Employment Form (If working or worked prior to completion of the background check process)

Oklahoma National Background Check Program Web Site: [\(ONBCP\)](#)

Oklahoma Screening and Registry Employee Evaluation Network Web Site: [\(OK-SCREEN\)](#)

Link to the Training/User Manual for the OK-Screen system: [OK-Screen User Manual](#)

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Oklahoma City, OK

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