OK-Screen Training

Oklahoma National Background Check Program

Oklahoma State
Department of Health
Creating a State of Health

H
Protective Health Services

Oklahoma State Department of Health

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A detailed walk-through of the legislation directing the program, employers which employers must participate, who must be fingerprinted and effective dates by provider type. It explains the barrier offenses, Rap Back and the appeal process.

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This is a detailed walk- through of the security agreement, provider roles and your OK-Screen accounts.

C. **OK-Screen Demonstration**

This is a detailed walk-through of the program from creating accounts, to entering applicants and running reports.

D. **Title 310 - Subchapter 29 - Criminal History Reports**

Details the criminal history background check law making the fingerprint based checks required.

E. **Employment Disqualifiers in the Long Term Care Security Act**

This is a list of the seven-year and lifetime barrier offenses for nurse aides and non-technical service workers. Lifetime barriers preclude employment permanently. In the case of the seven-year barrier offenses, seven years must elapse following the completion of sentence before a nurse aide or non-technical service worker may once again be considered eligible for employment. This includes any time on parole after release, etc.

F. **End User Security Agreement**

This is the form that the provider sends to the Oklahoma National Background Check Program (ONBCP) to get the system administrator account setup. ONBCP keeps that form on file. This form will be used in turn by the provider's system administrator to set up sub user accounts and kept on file at the facility.

G. **Personnel Files Requirements**

This is a list of items that your surveyor will be looking for when they inspect your facility. The Consent and Release must be completed and filed before anything is done. This gives you permission to do the background checks and informs the applicant of the conditions of disclosure.

H. Authorization to Fingerprint

This form is generated once the registry research is completed and the $19 registration fee is paid. It includes the Determination Identification (DI) number that uniquely identifies the application as well as (in the electronic version) a web link that you can use to schedule the fingerprinting appointment. The applicant will take the form to the fingerprint vendor and it does not have to be returned to the provider. ***** Note: When scheduling the fingerprinting appointment online, the applicant MUST select "Oklahoma State Department of Health" in the drop-down to ensure that the criminal history results are forwarded to the Oklahoma National Background Check Program.**

I. **Provisional Hire Form**

This form must be completed once the applicant has been fingerprinted if you are going to hire them pending the outcome of the criminal history check.

J. IdentoGo Escrow Account Enrollment Form

This is not mandatory. Use the contact information on this form, if you want to establish an escrow account to pay the $10.00 fingerprinting fees for the applicant. Some providers prefer an escrow account because they either do not have or do not want to use a credit card for this payment or to just simplify the payment process.

K. **Frequently Asked Questions**

This is a list of questions that are frequently asked and their answers to assist you in the background check program process.

O·K·L·A·H·O·M·A

Protective Health Services

Oklahoma State Department of Health

National Background Check Program

Implementation Update

Scott Chisholm - okscreen@health.ok.gov

Program Web Site: http://onbc.health.ok.gov

Current law status: HB2582 (2012)

63 O.S. Section 1-1945 *et seq.*

- Effective date of law: November 1, 2012
- Law authorized staggered implementation
- Law defines:
  - Employers affected
  - To whom the law applies based on direct patient access
  - Disqualification registries applicable that must be checked for ***all*** employment classes
  - Barrier criminal offenses applicable based on ***each*** employment class
  - Process for collecting fingerprints and obtaining eligibility determinations

For purposes of the Long-term Care Security Act:
4. "Employer" means any of the following facilities, homes, agencies or programs which are subject to the provisions of Section 1-1947 of this title: [63 O.S. 2012, § 1-1945(4)]

- Nursing Facilities
- Residential Care
- Adult Day Care
- Assisted Living
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Home Health Agencies
- Hospice Agencies
- Sooner Care Nurse Aide Scholarship Program
- DHS as an operator of any hospital or health care institution
- DHS as a contractor with providers under the Oklahoma Personal Care Program
- Medicaid home- and community-based services waivered providers
- Staffing Agencies Contracting with Providers
- Independent Contractors Serving Providers

Title 63 Section 1-1947(D)

- D. Except as otherwise provided by subsection F of this section, an **employer** shall not employ, independently contract with, or grant clinical privileges to any individual who has ***direct patient access*** to service recipients of the employer, if one or more of the following are met:

Direct Patient Access [63 O.S. 2012, § 1-1945(9)]

Means access to a service recipient of an employer, through employment, independent contract, or the granting of clinical privileges, in which the performance of duties involve, or may involve one-on-one contact with a service recipient of the employer ***on an ongoing basis****. Such term shall include access to a patient's or resident's property, medical information or financial information. Such term* ***does not include a volunteer unless the volunteer has duties that are equivalent to the duties of a direct patient access employee and those duties involve one-on-one contact with a patient or resident of an employer, without line of sight supervision by employer staff****;*

Employment Barriers [63 O.S. 2012, § 1-1947(D)]

- If the results of a state and national criminal history records check reveal that the subject person has failed to act in conformity with all federal, state and municipal laws as applicable to his or her professional license, certification, permit or employment class, as established by the authority having jurisdiction for the subject person's professional license, certification, permit, or employment class;

Employment Barriers [63 O.S. 2012, § 1-1947(D)]

- **Translation**: the Authority responsible for the license or certification (Board of Nursing, Board of Medical Licensure, Board of LTC Administrators, Nurse Aide Registry, etc.) establishes what offenses in a criminal history are disqualifiers from employment

Role of the Authority Having Jurisdiction

- Where a conviction is present on the Criminal History Record (CHR),
- Determination staff will review the time of the conviction against the initial date of licensure and the applicable law or rule of the authority having jurisdiction
- If it is not clear that the conviction is not a disqualifying event then the applicant will be requested to provide evidence from the authority having jurisdiction of non-disqualification

Role of the Authority Having Jurisdiction

- Where the authority having jurisdiction has previously fingerprinted the applicant
- and uses electronic criminal history monitoring
- separate fingerprinting is not required
- But ***registry screening*** is ***always*** required

RAP BACK

- RAP Sheet – Record of Arrest and Prosecution
- RAP Back – reporting to ONBC program office if an arrest is made after the background check was completed
- A potentially disqualifying arrest is monitored for conviction
- Employer notified of revoked eligibility if convicted for disqualifying offense

Amended Nurse Aide Barrier Convictions

Effective November 1, 2012

- Shall not employ an Aide who was convicted of, pled guilty or no contest to, or received a deferred sentence to, a felony or misdemeanor offense for any of the following offenses in any state:
  - abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
  - rape, incest or sodomy,
  - child abuse,
  - murder or attempted murder,
  - manslaughter,
  - kidnapping,
  - aggravated assault and battery,
  - assault and battery with a dangerous weapon, or
  - arson in the first degree.

Hyperlink:
63 O.S. 2012, Section 1-1950.1(C)(1)

7-Years Post Completion of Sentence Barriers for Nurse Aides

Effective November 1, 2012

Shall not employ an aide where 7 years have not elapsed since the completion of sentence where the aide was convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction:

- assault,
- battery,
- indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- pandering,
- burglary in the first or second degree,
- robbery in the first or second degree,
- robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- arson in the second degree,
- unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act,
- grand larceny, or
- petit larceny or shoplifting.

Hyperlink:
63 O.S. 2012, Section 1-1950.1(C)(2)

Other Employment Barriers [63 O.S. 2012, § 1-1947(D)]

- Currently subject to an exclusion as described under Title 42 of the United States Code, Section 1320a-7
- Currently the subject of a substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United States Code, Sections 1395i-3(g)(1)(C) or 1396r(g)(1)(c), or Sections 1-1950.7 or 1-1951 of Title 63 of the Okla. Statutes

Other Employment Barriers [63 O.S. 2012, § 1-1947(D)]

- Entered on the Community Services Worker Registry
- Recorded on the Child Care Restricted Registry
- Registered Sex or Violent Offender in OK or on another state's sex offender registry.
- Nurse aides and NTSWs are disqualified from employment based on an amended list of barrier crimes
- An individual providing direct patient services in an employment class not otherwise licensed, certified or permitted would be subject to criminal offense barriers defined for nurse aides

Appeals (Waivers) 63 O.S. § 1-1947(T)

- **Notice to the applicant to** *include the reasons why not eligible for employment and right to appeal*
- **Days to initiate an appeal:** *thirty (30) days from receipt of the notice of disqualification*
- **Types of appeals:**
  - Challenging the registry finding that the applicant is the subject of the results
  - Challenging the accuracy and completeness of the criminal history
  - Requesting a waiver based on a demonstration that the applicant should be allowed to work because he or she does not pose a risk to patients, facilities or their property

Criteria for waiver

(1) The time elapsed since the disqualifying criminal conviction, whether the applicant has fulfilled the sentence requirements, and whether there are any subsequent arrests or convictions of any nature;

(2) Any extenuating circumstances such as the offender's age at the time of conviction, substance abuse history and treatment, or mental health issues and treatment;

(3) Rehabilitation as demonstrated by character references and recommendation letters from past employers, the applicant's record of employment history, education, and training subsequent to conviction;

Criteria for waiver

(4) The relevancy of the particular disqualifying information with respect to the proposed employment of the individual to include the job type and duties, the extent to which the applicant has unsupervised access to service recipients, whether the crime was committed against a vulnerable child or adult, and whether the conviction was related to an employer subject to the requirements of the Long Term Care Security Act; and

Inaccuracy of Criminal Record

- To demonstrate that the criminal history record is inaccurate, the applicant shall submit to the Department written documents, issued and certified by a governmental entity that demonstrate that the information contained in the criminal history report is inaccurate.

Personnel Files

- This is what surveyors will now seek for evidence of screening
  - OK-SCREEN Consent and Release
  - OK-SCREEN Final Registry Results
  - OK-SCREEN OSDH Notification of Clearance
  - Provisional Hire Form – **if hired**
- Copy of Driver's License or Photo ID
- OSBI Report (Not required but available for viewing and download in OK-SCREEN where there is a criminal history that does not disqualify.)
- FBI Report is **NOT AVAILABLE TO THE FACILITY**

Effective Dates: all may start as of Feb. 1, 2014

Must Comply by **March 1, 2014**:

- Adult Day Care Centers
- Residential Care Homes

Must Comply by **April 1, 2014**:

- Specialized Nursing Facilities (ICF/IID and ICF/AD)

Must Comply by **May 1, 2014**:

- Applicants for employment with DHS and OSDH working inside LTCFs
- Nursing Facilities

Effective Dates: all may start as of Feb. 1, 2014

Must Comply by **June 1, 2014**:

- Continuum of Care and Assisted Living facilities
- Hospice programs

Must Comply by **July 1, 2014**:

- *Medicare* Certified Home Care Agencies

Must Comply by **August 1, 2014**:

- All other employers defined in Title 63 O.S. § 1-1945(4)

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Other Effective Dates

- For Nurse Aide Scholarship Programs operated under contract with the OHCA: may begin July 1, required by August 1, 2014.
- Staffing agencies and independent contractors must match the compliance of the contracted employer.
- Medicaid HCBS waivered providers as defined in Section 1915(c) or 1915(i) of the SSA may voluntarily participate in the submission of fingerprints for applicants. Instead:
  - a name-based check from the OSBI
  - fee established in Section 150.9 of Title 74 (currently $15)
  - determination of employment eligibility made by providers based on new barrier criteria

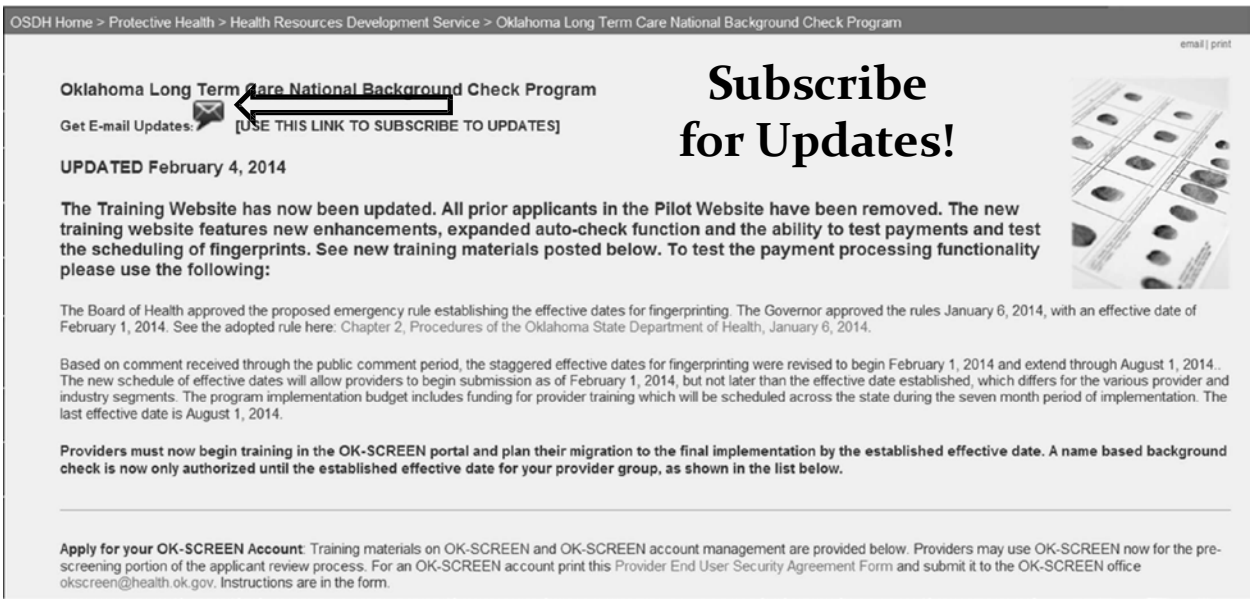
Screening and Background Check Process

- Employer enters basic applicant info. in system
- Registries and prior screening enrollment status checked
- If cleared & not previously enrolled, employer enrolls applicant for FP and pays $19 fee (provisional employment allowed)
  - Applicant pays $10 scanning fee at fingerprinting
  - OSBI/FBI results sent to OSDH
  - OSDH pays OSBI/FBI fingerprinting fee & scanning vendor fee
  - OSDH reviews criminal history & sends determination to employer/employee
  - If cleared employee enrolled in monitoring
  - If not cleared, employee ineligible in system (appeal rights)
- If applicant was cleared through previous or current employment & new employer elects to hire, employer pays $19 fee and enrolls employee for criminal history monitoring under employer

Where to direct inquiries

- Scott Chisholm, Program Manager
  271-9444, ext. 56573
- Susan Daniels, Administrative Assistant
  271-9444, ext. 56465
- Background Check Program E-Mail
  okscreen@health.ok.gov
- IdentoGo Live Scan Sites:
  www.identogo.com/FP/Oklahoma
- Full OK-SCREEN Demos -- subscribe to the Program web page to receive updates: http://onbc.health.ok.gov

http://onbc.health.ok.gov



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Oklahoma Long Term Care National Background Check Program

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UPDATED February 4, 2014

The Training Website has now been updated. All prior applicants in the Pilot Website have been removed. The new training website features new enhancements, expanded auto-check function and the ability to test payments and test the scheduling of fingerprints. See new training materials posted below. To test the payment processing functionality please use the following:

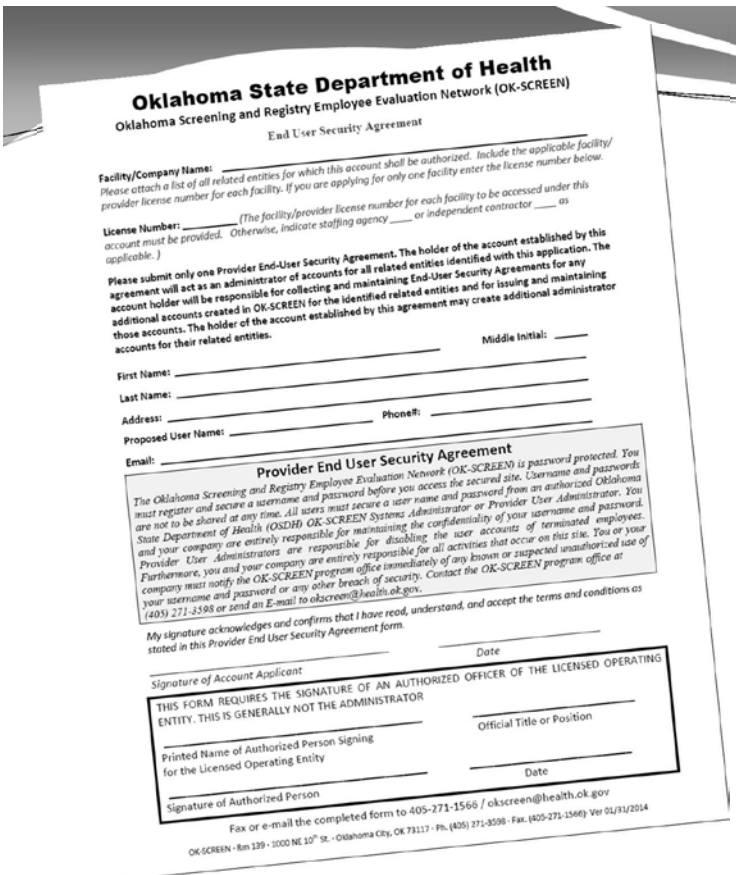
The Board of Health approved the proposed emergency rule establishing the effective dates for fingerprinting. The Governor approved the rules January 6, 2014, with an effective date of February 1, 2014. See the adopted rule here: Chapter 2, Procedures of the Oklahoma State Department of Health, January 6, 2014.

Based on comment received through the public comment period, the staggered effective dates for fingerprinting were revised to begin February 1, 2014 and extend through August 1, 2014.. The new schedule of effective dates will allow providers to begin submission as of February 1, 2014, but not later than the effective date established, which differs for the various provider and industry segments. The program implementation budget includes funding for provider training which will be scheduled across the state during the seven month period of implementation. The last effective date is August 1, 2014.

Providers must now begin training in the OK-SCREEN portal and plan their migration to the final implementation by the established effective date. A name based background check is now only authorized until the established effective date for your provider group, as shown in the list below.

Apply for your OK-SCREEN Account: Training materials on OK-SCREEN and OK-SCREEN account management are provided below. Providers may use OK-SCREEN now for the pre-screening portion of the applicant review process. For an OK-SCREEN account print this Provider End User Security Agreement Form and submit it to the OK-SCREEN office okscreen@health.ok.gov. Instructions are in the form.

OK-SCREEN
Account Management Demonstration



Oklahoma State Department of Health

Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN)

End User Security Agreement

Facility/Company Name: _____

Please attach a list of all related entities for which this account shall be authorized. Include the applicable facility/provider license number for each facility. If you are applying for only one facility enter the license number below.

License Number: _____ *(The facility/provider license number for each facility to be accessed under this account must be provided. Otherwise, indicate staffing agency ____ or independent contractor ____ as applicable.)*

Please submit only one Provider End-User Security Agreement. The holder of the account established by this agreement will act as an administrator of accounts for all related entities identified with this application. The account holder will be responsible for collecting and maintaining End-User Security Agreements for any additional accounts created in OK-SCREEN for the identified related entities and for issuing and maintaining those accounts. The holder of the account established by this agreement may create additional administrator accounts for their related entities.

First Name: _____ **Middle Initial:** ____

Last Name: _____

Address: _____ **Phone#:** _____

Proposed User Name: _____

Email: _____

Provider End User 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. Username and passwords are not to be shared at any time. All users must secure a user name and password from an authorized Oklahoma State Department of Health (OSDH) OK-SCREEN Systems Administrator or Provider User Administrator. You and your company are entirely responsible for maintaining the confidentiality of your username and password. Provider User Administrators are responsible for disabling the user accounts of terminated employees. Furthermore, you and your company are entirely responsible for all activities that occur on this site. You or your company must notify the OK-SCREEN program office immediately of any known or suspected unauthorized use of your username and password or any other breach of security. Contact the OK-SCREEN program office at (405) 271-3598 or send an E-mail to okscreen@health.ok.gov.

My signature acknowledges and confirms that I have read, understand, and accept the terms and conditions as stated in this Provider End User Security Agreement form.

Signature of Account Applicant _____ *Date* _____

THIS FORM REQUIRES THE SIGNATURE OF AN AUTHORIZED OFFICER OF THE LICENSED OPERATING ENTITY. THIS IS GENERALLY NOT THE ADMINISTRATOR

Printed Name of Authorized Person Signing for the Licensed Operating Entity _____ Official Title or Position _____

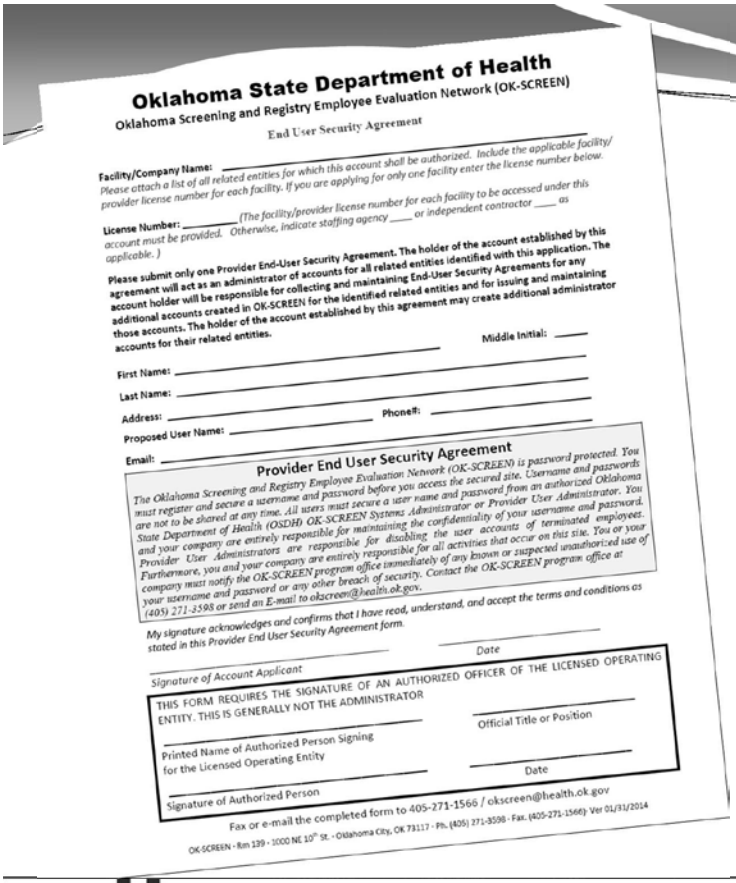
Signature of Authorized Person _____ Date _____

Fax or e-mail the completed form to 405-271-1566 / okscreen@health.ok.gov

OK-SCREEN - Rm 139 - 1000 NE 10th St. - Oklahoma City, OK 73117 - Ph. (405) 271-3598 - Fax. (405-271-1566)- Ver 01/31/2014

Providers submit an account application as shown.

The *Provider End User Security Agreement* is signed by the person authorized to sign for the operating entity. Generally, this account application will identify the primary account holder and will be authorized to create subaccounts.



Oklahoma State Department of Health

Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN)

End User Security Agreement

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Please attach a list of all related entities for which this account shall be authorized. Include the applicable facility/ provider license number for each facility. If you are applying for only one facility enter the license number below.

License Number: _____ *(The facility/provider license number for each facility to be accessed under this account must be provided. Otherwise, indicate staffing agency ____ or independent contractor ____ as applicable.)*

Please submit only one Provider End-User Security Agreement. The holder of the account established by this agreement will act as an administrator of accounts for all related entities identified with this application. The account holder will be responsible for collecting and maintaining End-User Security Agreements for any additional accounts created in OK-SCREEN for the identified related entities and for issuing and maintaining those accounts. The holder of the account established by this agreement may create additional administrator accounts for their related entities.

First Name: _____ **Middle Initial:** ____

Last Name: _____

Address: _____ **Phone#:** _____

Proposed User Name: _____

Email: _____

Provider End User 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. Username and passwords are not to be shared at any time. All users must secure a user name and password from an authorized Oklahoma State Department of Health (OSDH) OK-SCREEN Systems Administrator or Provider User Administrator. You and your company are entirely responsible for maintaining the confidentiality of your username and password. Provider User Administrators are responsible for disabling the user accounts of terminated employees. Furthermore, you and your company are entirely responsible for all activities that occur on this site. You or your company must notify the OK-SCREEN program office immediately of any known or suspected unauthorized use of your username and password or any other breach of security. Contact the OK-SCREEN program office at (405) 271-3598 or send an E-mail to okscreen@health.ok.gov.

My signature acknowledges and confirms that I have read, understand, and accept the terms and conditions as stated in this Provider End User Security Agreement form.

Signature of Account Applicant _____ *Date* _____

THIS FORM REQUIRES THE SIGNATURE OF AN AUTHORIZED OFFICER OF THE LICENSED OPERATING ENTITY. THIS IS GENERALLY NOT THE ADMINISTRATOR

Printed Name of Authorized Person Signing for the Licensed Operating Entity _____ Official Title or Position _____

Signature of Authorized Person _____ Date _____

Fax or e-mail the completed form to 405-271-1566 / okscreen@health.ok.gov

OK-SCREEN - Rm 139 - 1000 NE 10th St. - Oklahoma City, OK 73117 - Ph. (405) 271-3598 - Fax. (405-271-1566) Ver 01/31/2014

For a provider/entity with a number of locations, attach a list of all the locations under this account.

The Provider System Administrator (PSA) will be assigned to all the locations identified and can create Provider Application Manager (PAM) accounts for a subset of those locations.

New accounts rely on a username and email address. The PSA will either obtain a preferred account name or assign one and associate the account with the user's email account or a corporate email account. Once a new account is created and saved, an email with a temporary password is sent to the email address associated with the account. For security, **this email will not include the user name. The user name must be communicated to the user separately**. PSA's may use the Department form or their own version to capture the user demographics and preferred username and to have the new user acknowledge account security.

A PSA may disable or reset passwords on any accounts associated with their assigned providers/locations.

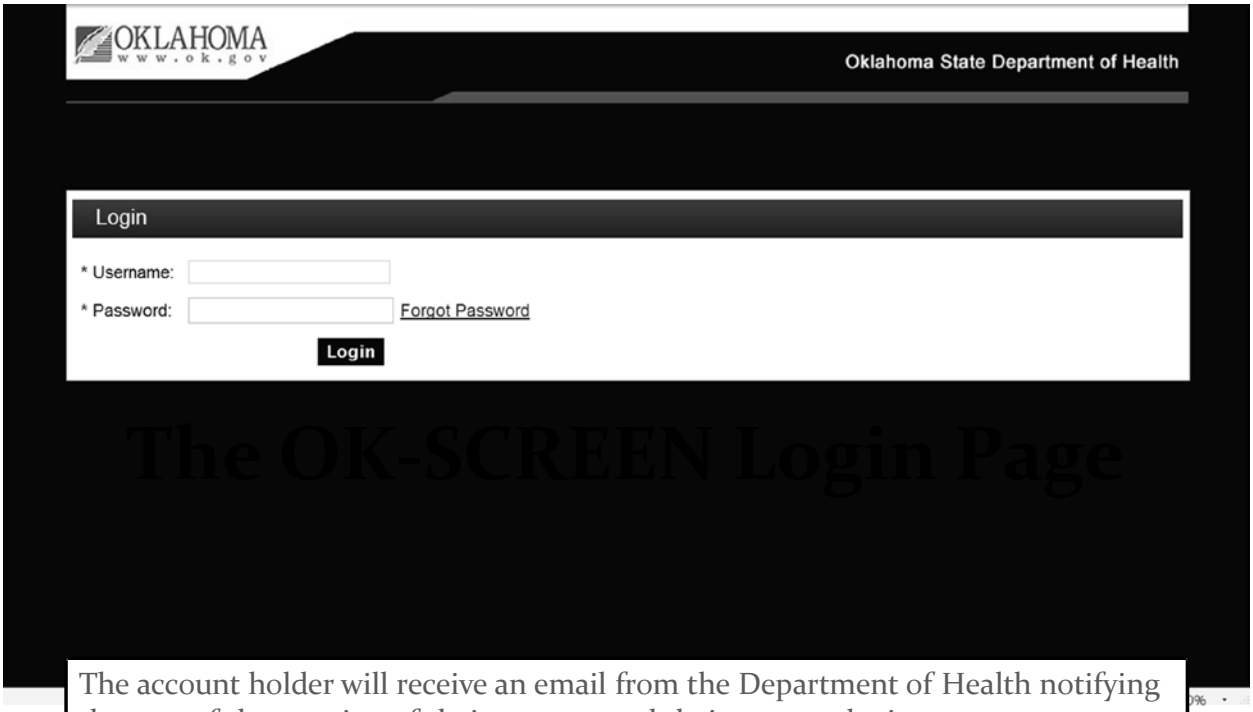
The password is encrypted and cannot be viewed in the OK SCREEN System user interface. When the user logs into the system for the first time, the user will be prompted to change the password and set a security question. If the user forgets the password, the user enters his or her username and answer to the security question. The system will generate a new password and email it to the user.

The Provider System Administrator must establish internal policies for defining usernames and communicating them to the users. When a user account is created, one or more user roles and one or more providers are assigned to the user. Both will determine what the user can see and do in the web application. A Provider User Administrator can only assign provider user roles.

Provider Roles

There are three types of accounts:

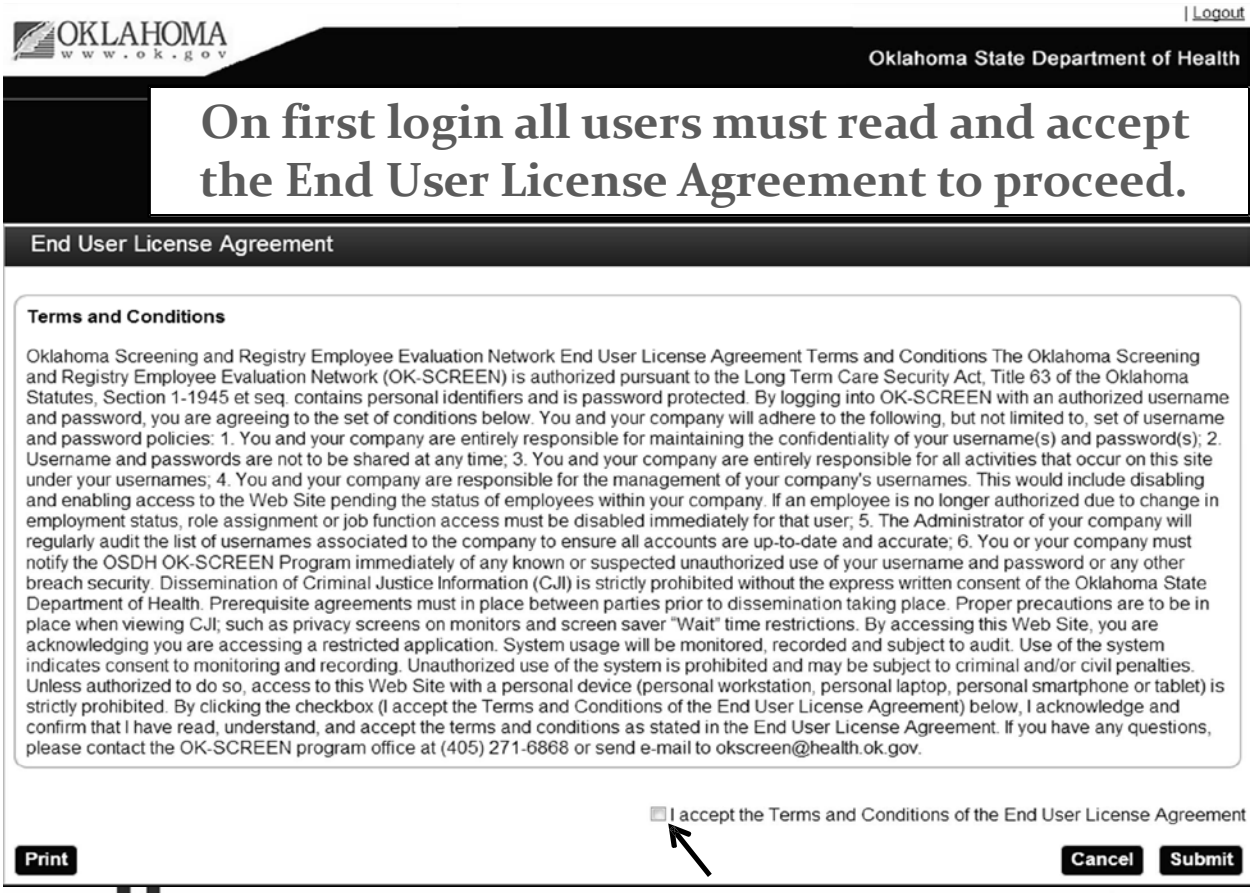
- **Provider System Administrator (PSA)**: Responsible for managing Provider User Administrators and Application Managers for all defined providers.
- **Provider User Administrator (PUA)**: Responsible for managing Provider Application Managers for all or a limited set of defined providers.
- **Provider Application Manager (PAM)**: Responsible for adding and screening new applicants and entering hiring decision upon issuance of a determination. May serve all or a limited set of defined providers.



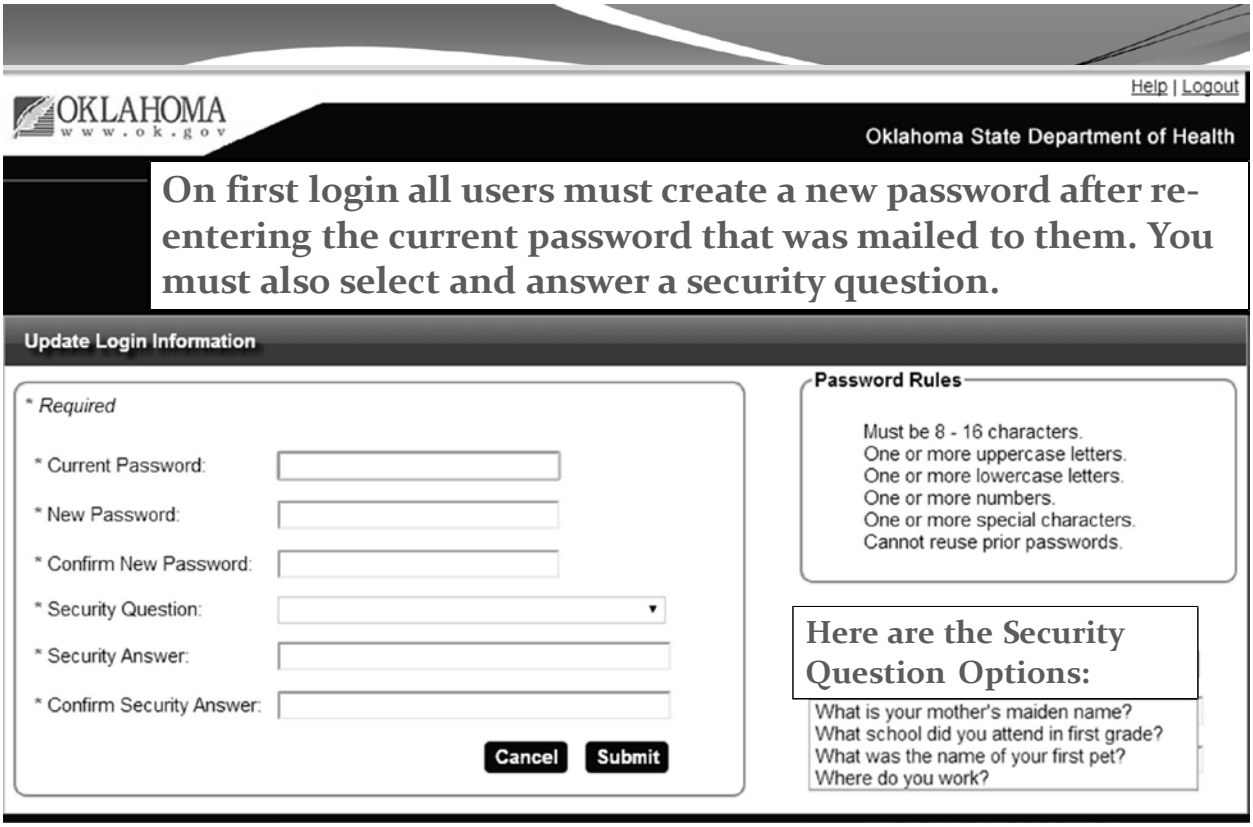
The OK-SCREEN Login Page

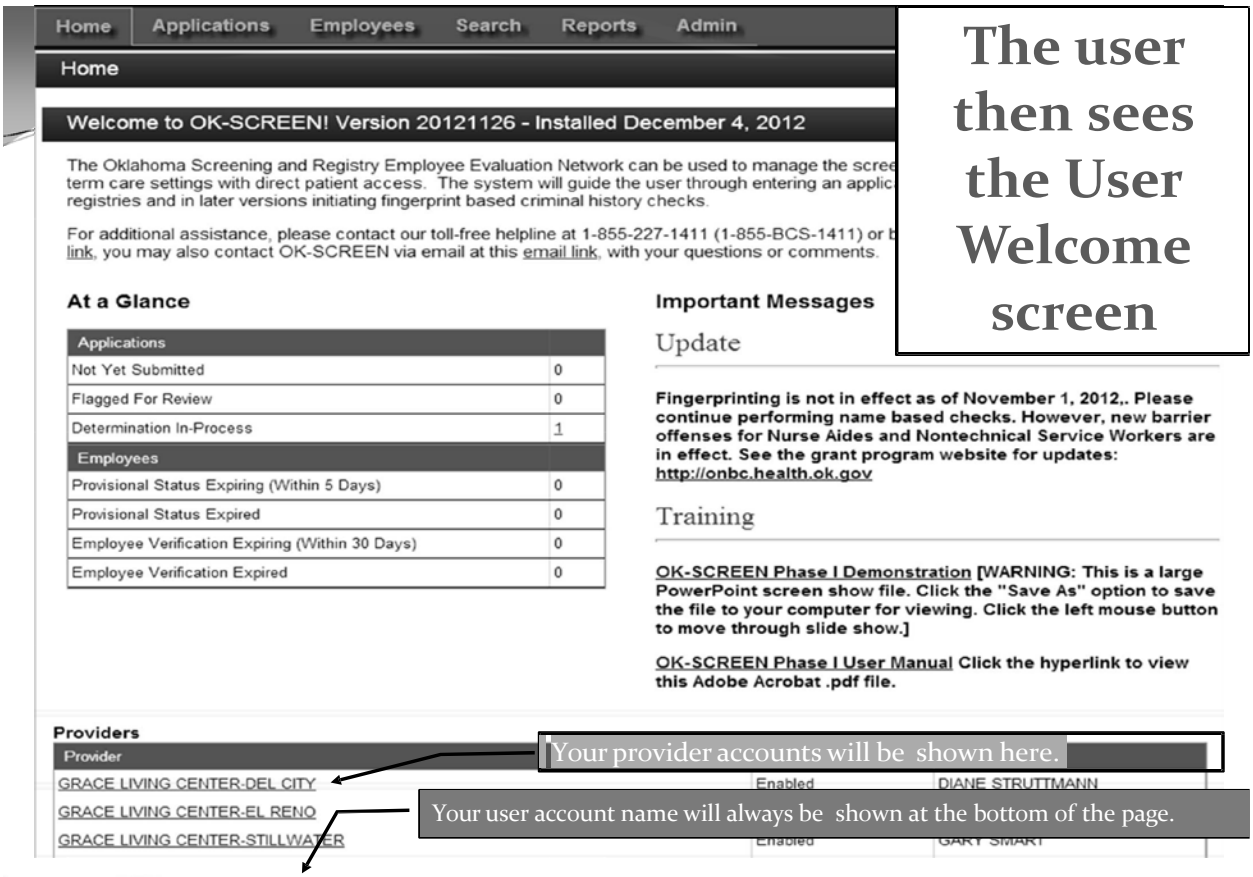
The account holder will receive an email from the Department of Health notifying the user of the creation of their account and their account login name.

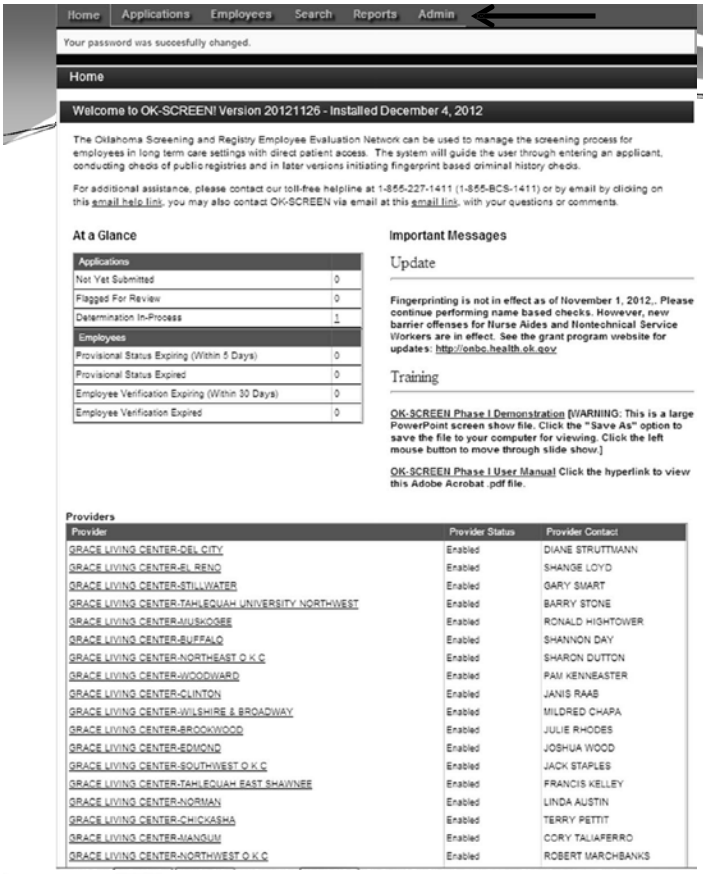
The user is advised they will receive a separate email with their temporary password. Once received follow the OK-SCREEN hyperlink to login.



On first login all users must read and accept the End User License Agreement to proceed.

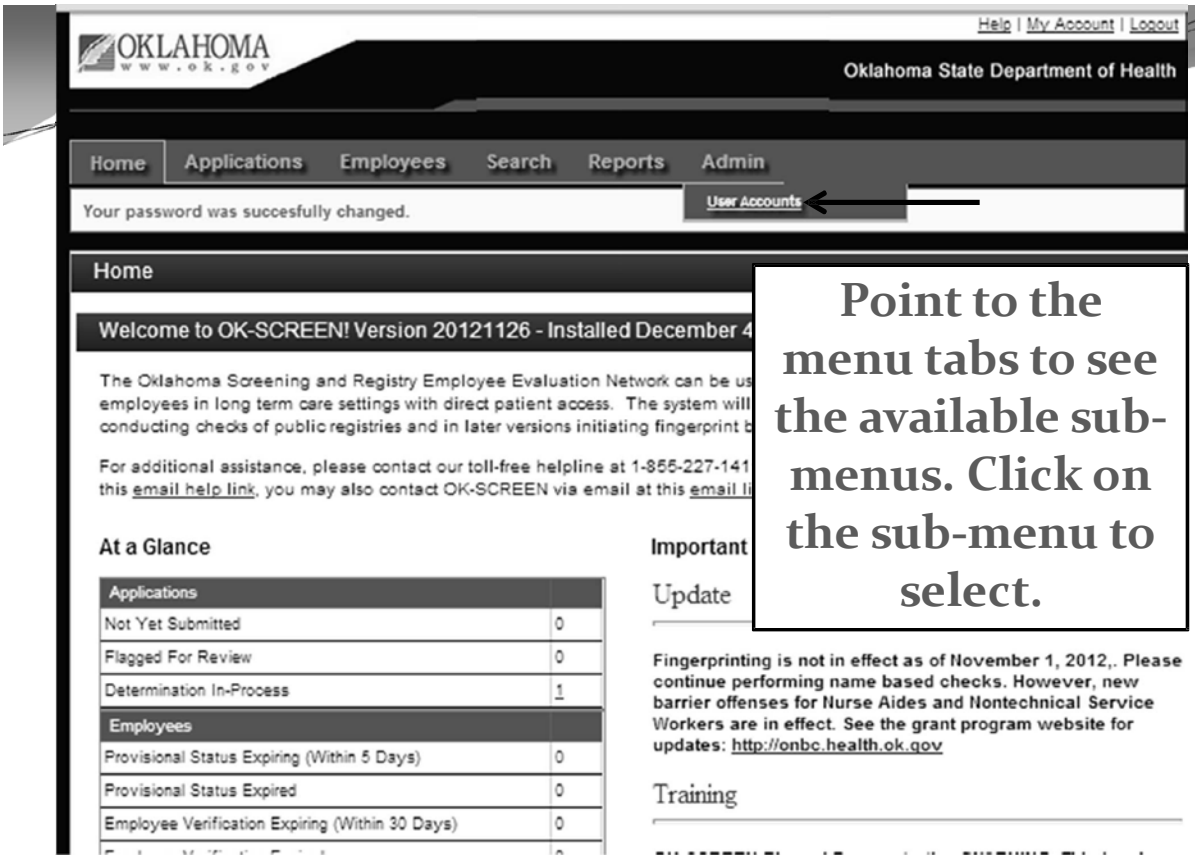

Help | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
On first login all users must create a new password after re-entering the current password that was mailed to them. You must also select and answer a security question.
Update Login Information
* Required
* Current Password:
* New Password:
* Confirm New Password:
* Security Question:
* Security Answer:
* Confirm Security Answer:
Cancel
Submit
Password Rules
Must be 8 - 16 characters.
One or more uppercase letters.
One or more lowercase letters.
One or more numbers.
One or more special characters.
Cannot reuse prior passwords.
Here are the Security Question Options:
What is your mother's maiden name?
What school did you attend in first grade?
What was the name of your first pet?
Where do you work?

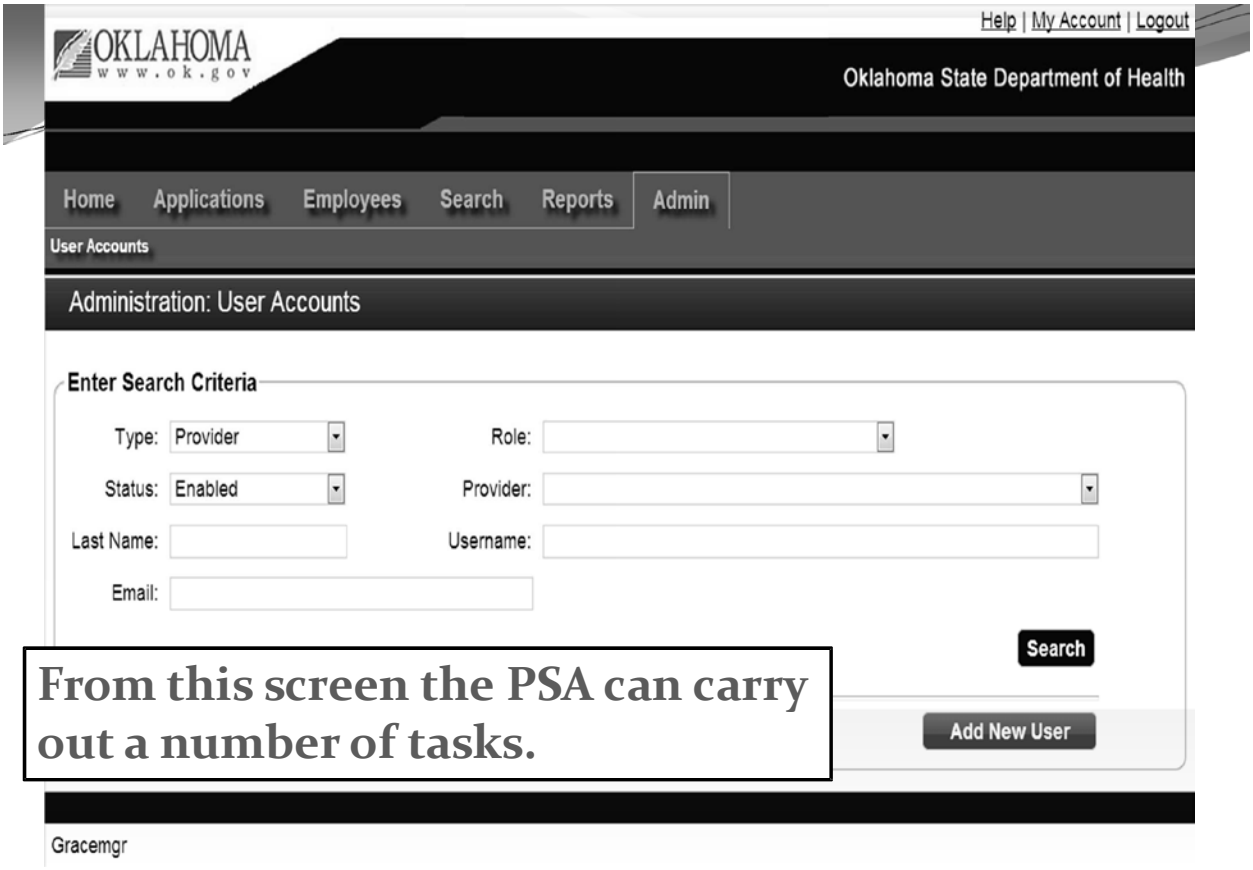

Home
Applications
Employees
Search
Reports
Admin
Home
Welcome to OK-SCREEN! Version 20121126 - Installed December 4, 2012
The Oklahoma Screening and Registry Employee Evaluation Network can be used to manage the scree
term care settings with direct patient access. The system will guide the user through entering an applic
registries and in later versions initiating fingerprint based criminal history checks.
For additional assistance, please contact our toll-free helpline at 1-855-227-1411 (1-855-BCS-1411) or b
link, you may also contact OK-SCREEN via email at this email link, with your questions or comments.
At a Glance
Applications
Not Yet Submitted 0
Flagged For Review 0
Determination In-Process 1
Employees
Provisional Status Expiring (Within 5 Days) 0
Provisional Status Expired 0
Employee Verification Expiring (Within 30 Days) 0
Employee Verification Expired 0
Important Messages
Update
Fingerprinting is not in effect as of November 1, 2012,. Please continue performing name based checks. However, new barrier offenses for Nurse Aides and Nontechnical Service Workers are in effect. See the grant program website for updates: http://onbc.health.ok.gov
Training
OK-SCREEN Phase I Demonstration [WARNING: This is a large PowerPoint screen show file. Click the "Save As" option to save the file to your computer for viewing. Click the left mouse button to move through slide show.]
OK-SCREEN Phase I User Manual Click the hyperlink to view this Adobe Acrobat .pdf file.
Providers
Provider
GRACE LIVING CENTER-DEL CITY
GRACE LIVING CENTER-EL RENO
GRACE LIVING CENTER-STILLWATER
Enabled
DIANE STRUTTMANN
The user then sees the User Welcome screen
Your provider accounts will be shown here.
Your user account name will always be shown at the bottom of the page.



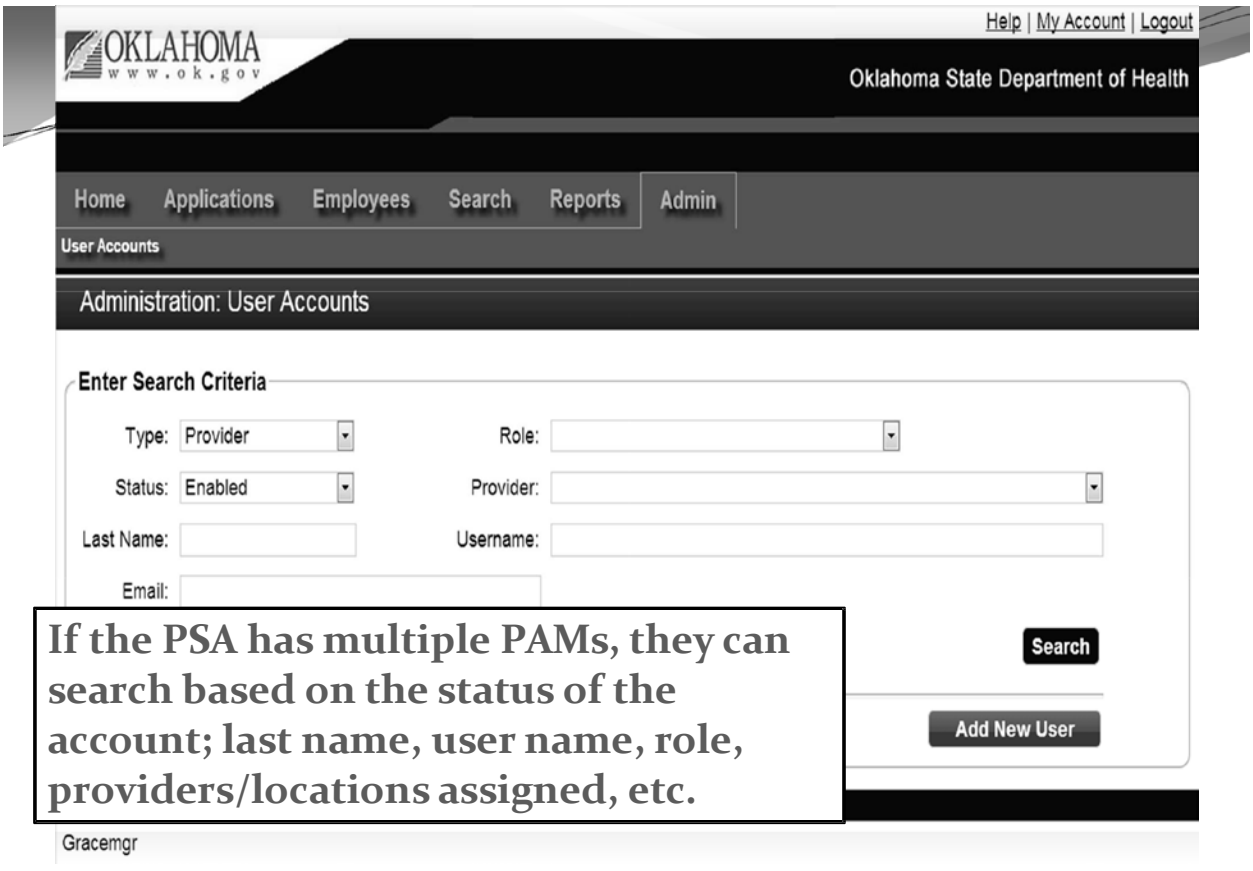
In this example, the *Provider System Administrator* (PSA) for Grace Living Centers has all affiliated locations assigned to their account.

The PSA can manage all applications for all sites or select 'User Accounts' under the 'Admin' tab to create *Provider Application Managers* (PAMs) and assign locations to each account.

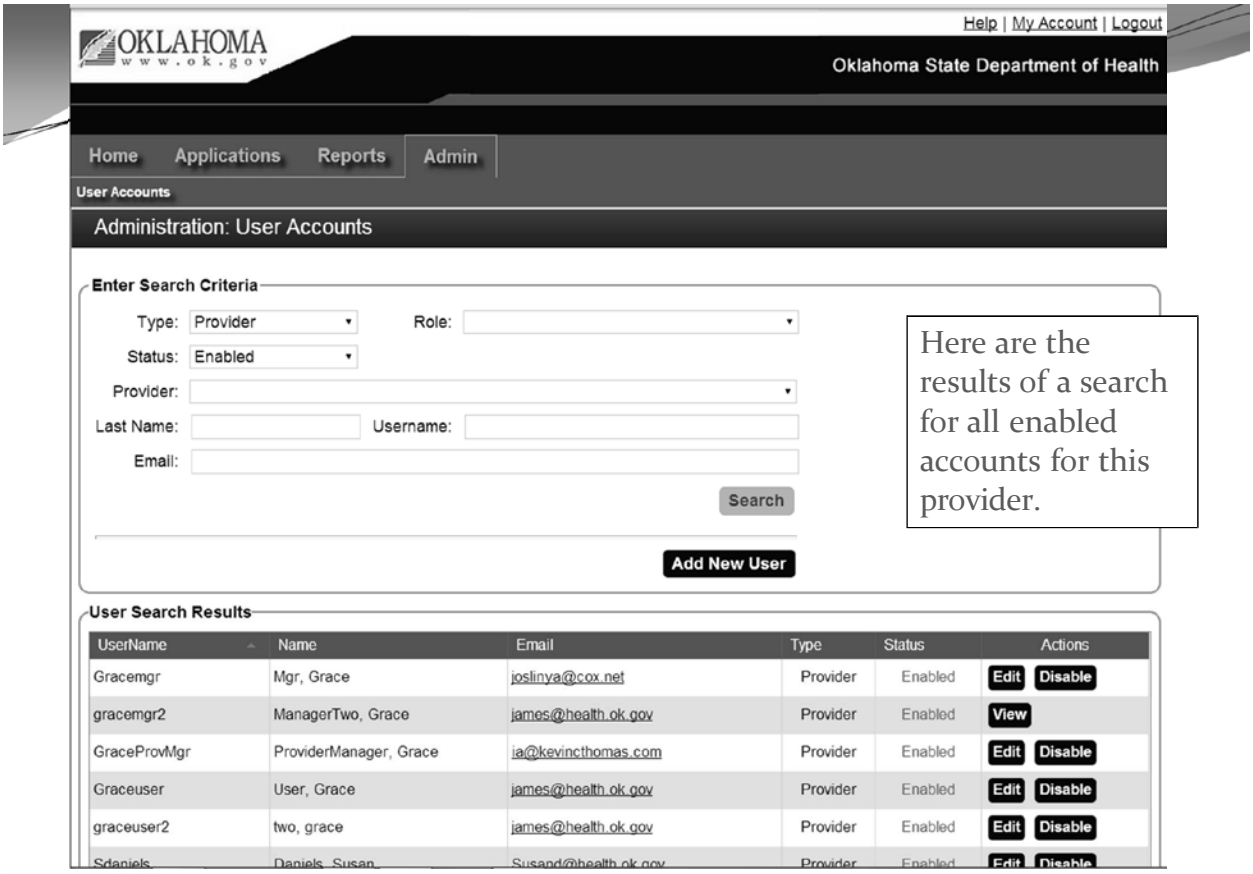




From this screen the PSA can carry out a number of tasks.

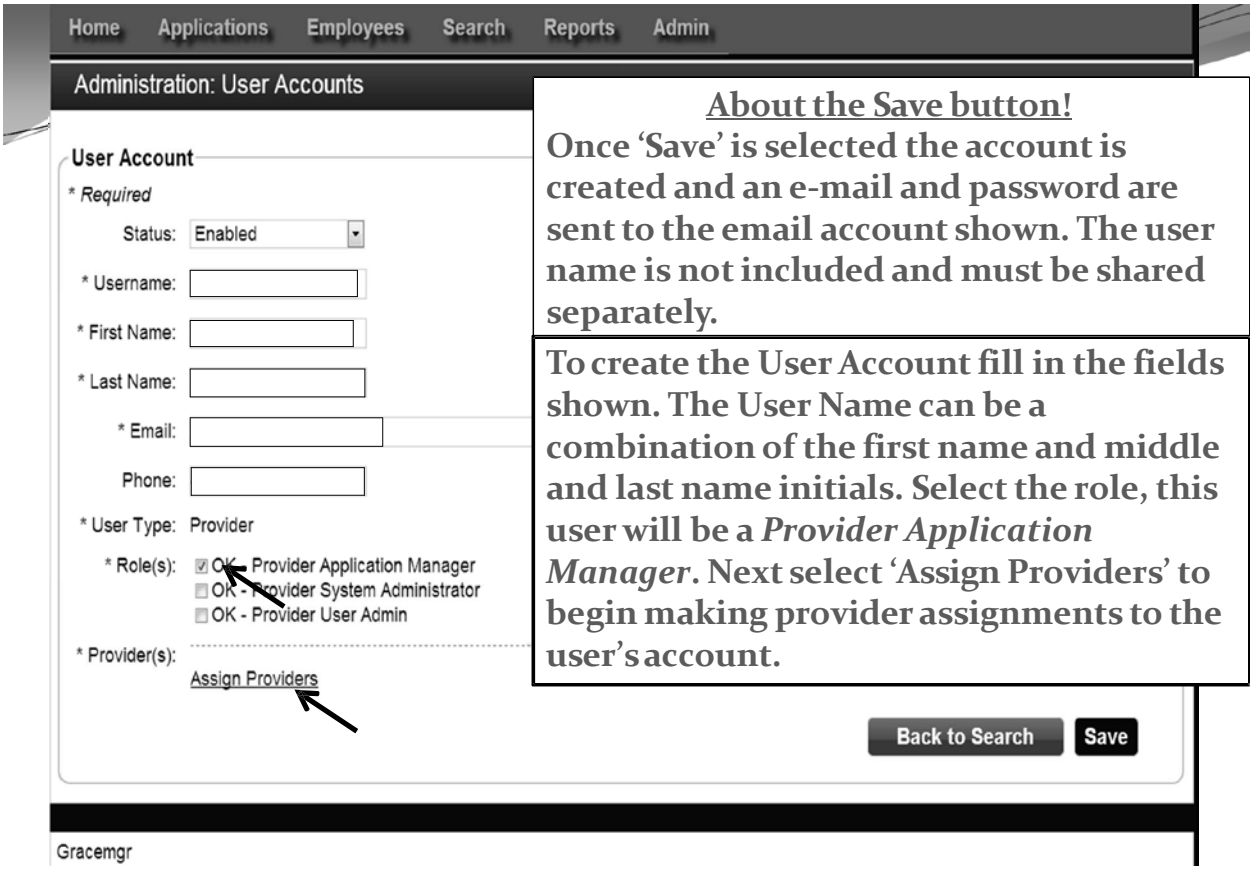


If the PSA has multiple PAMs, they can search based on the status of the account; last name, user name, role, providers/locations assigned, etc.



Here are the results of a search for all enabled accounts for this provider.

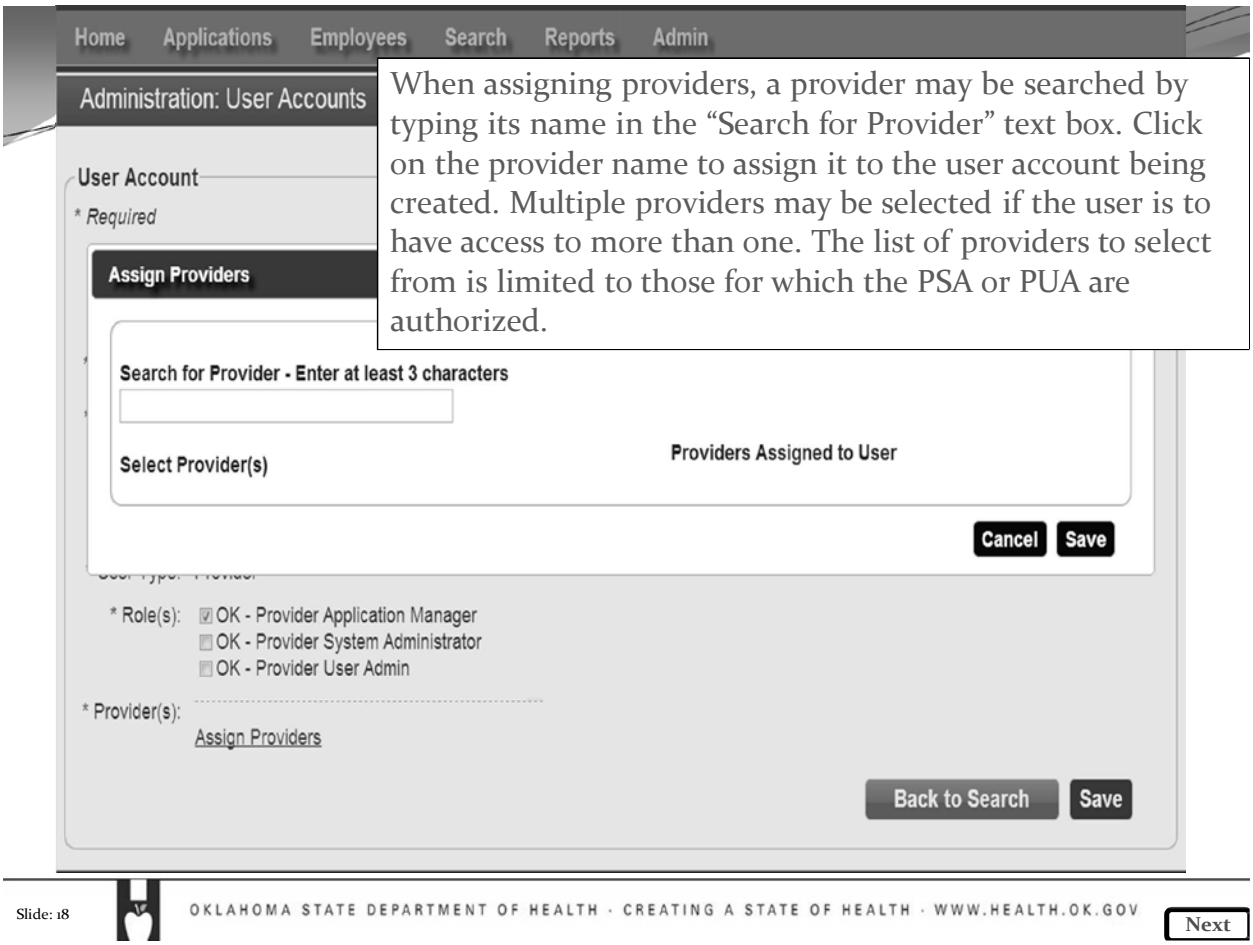
If desired, the PSA creates new users using the 'Add New User' function



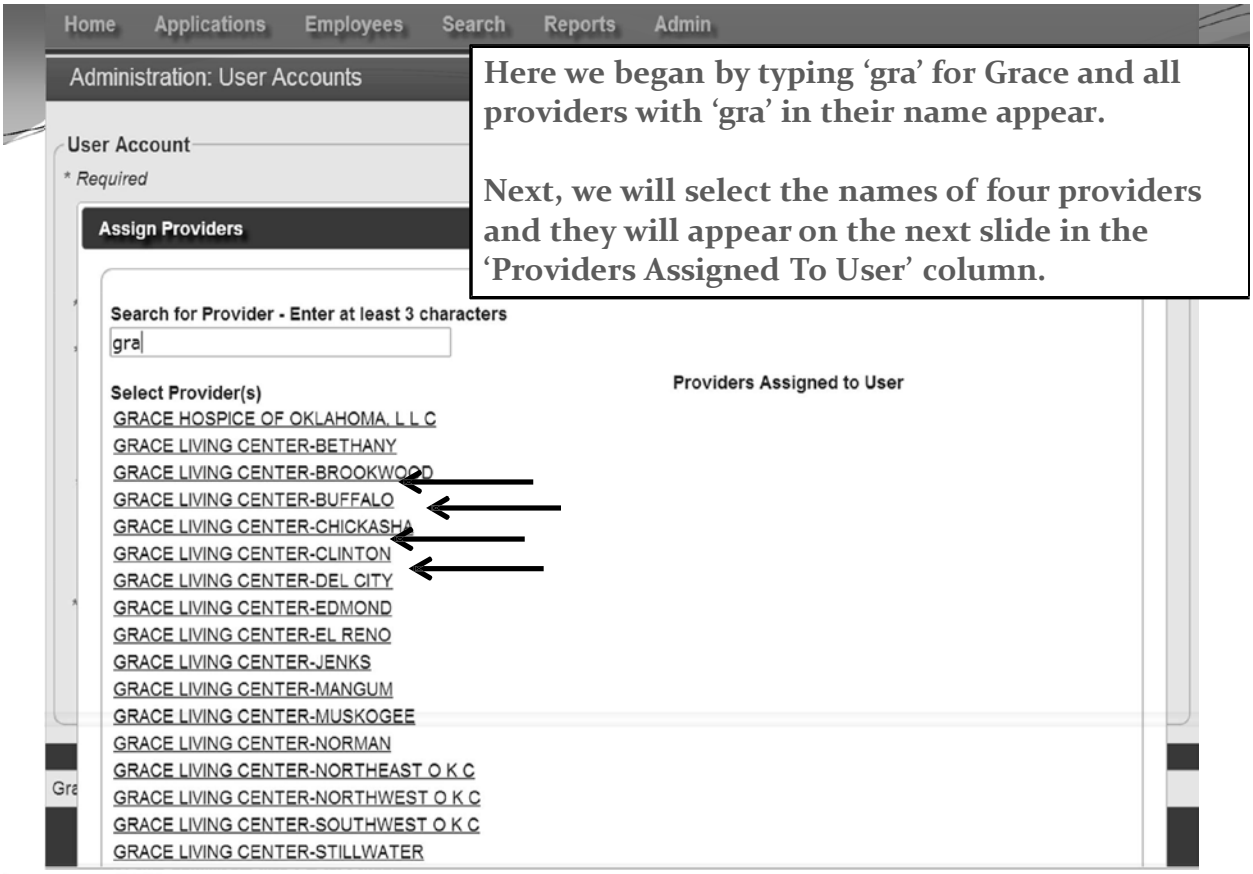
About the Save button!

Once 'Save' is selected the account is created and an e-mail and password are sent to the email account shown. The user name is not included and must be shared separately.

To create the User Account fill in the fields shown. The User Name can be a combination of the first name and middle and last name initials. Select the role, this user will be a *Provider Application Manager*. Next select 'Assign Providers' to begin making provider assignments to the user's account.

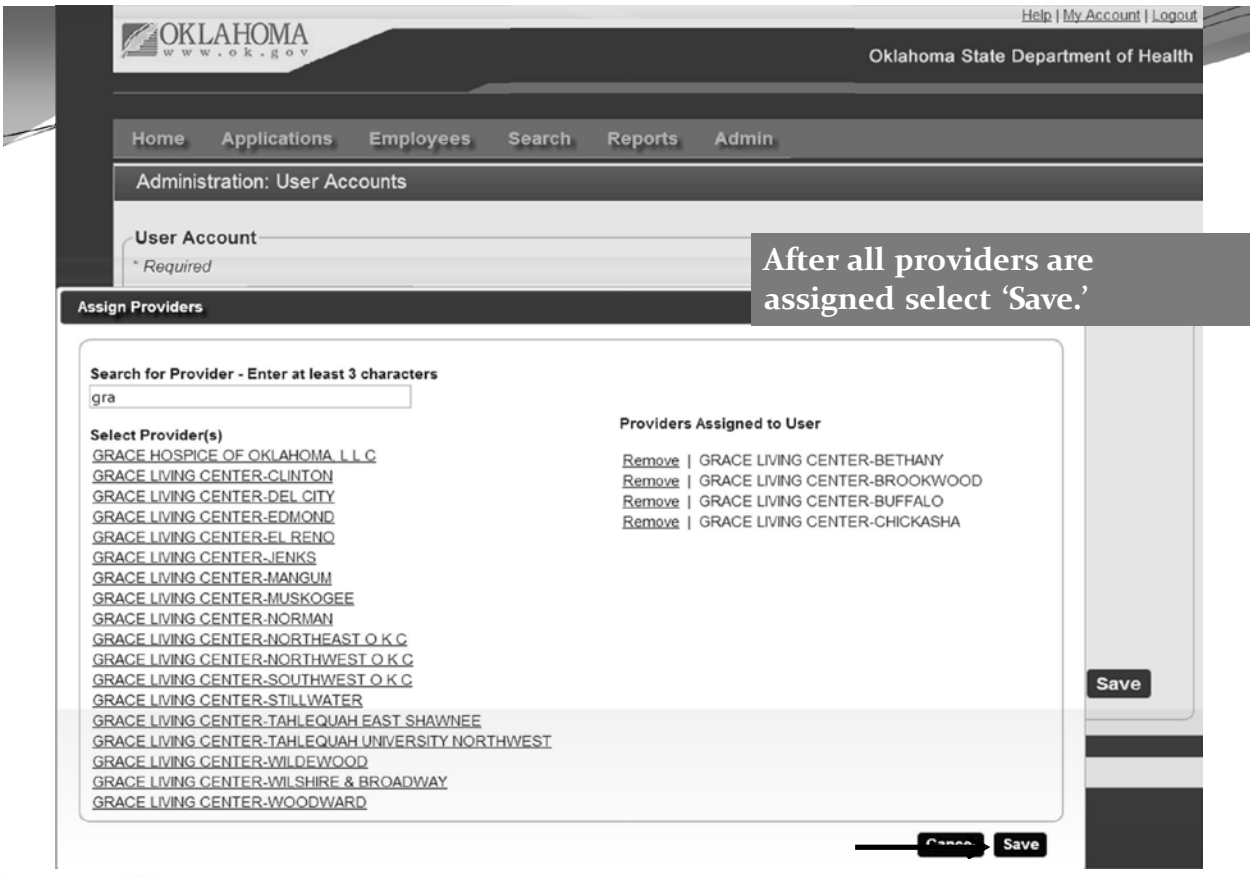


When assigning providers, a provider may be searched by typing its name in the "Search for Provider" text box. Click on the provider name to assign it to the user account being created. Multiple providers may be selected if the user is to have access to more than one. The list of providers to select from is limited to those for which the PSA or PUA are authorized.

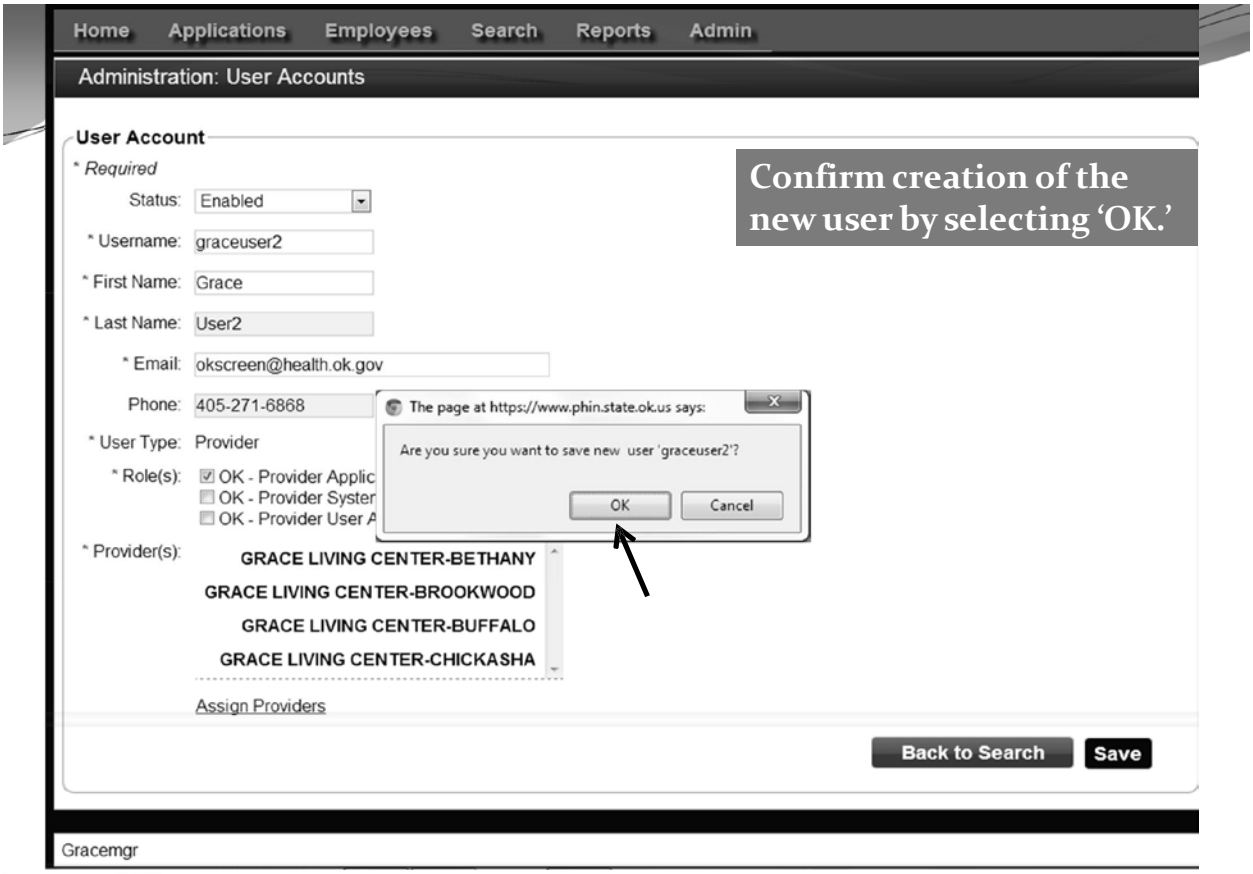


Here we began by typing 'gra' for Grace and all providers with 'gra' in their name appear.

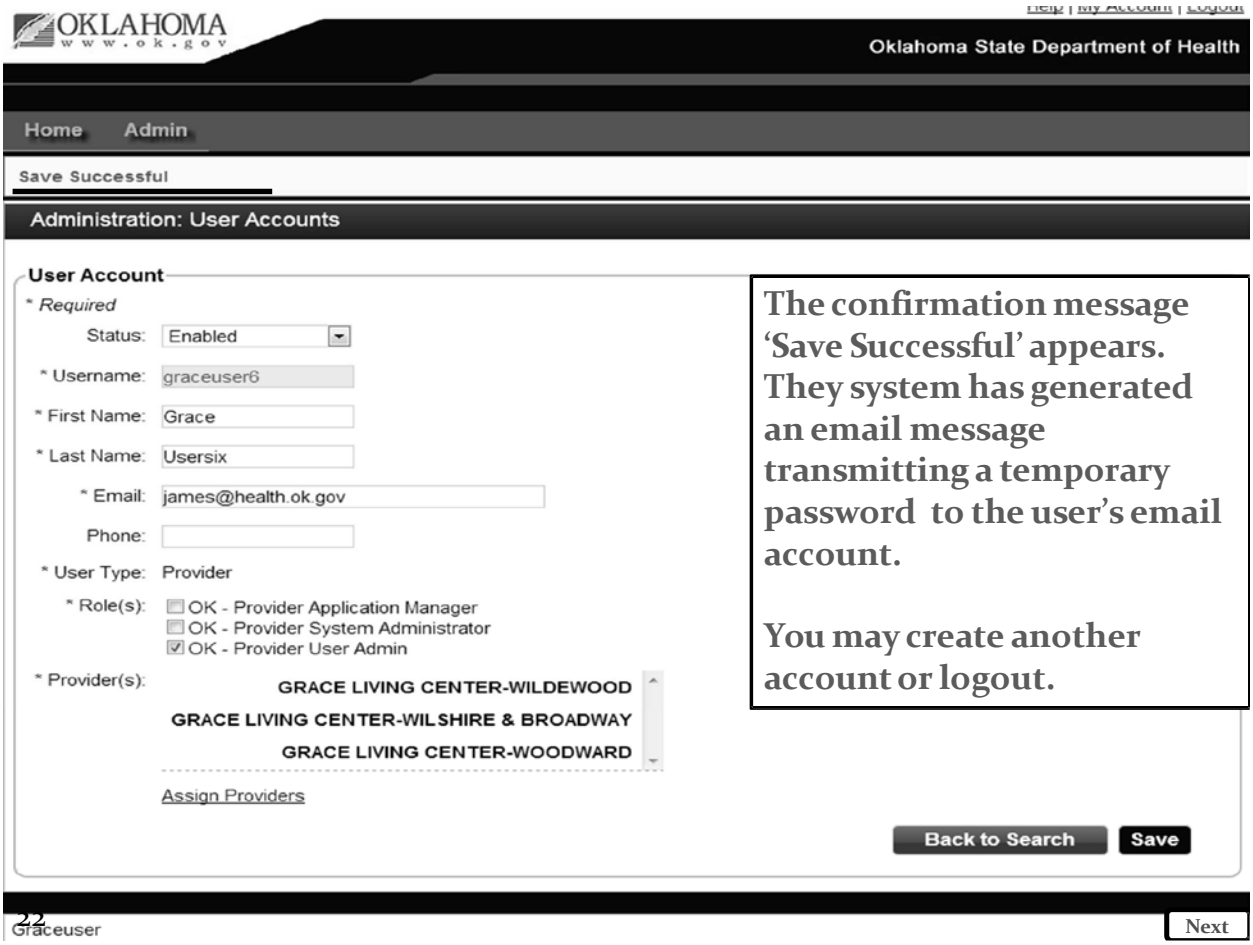
Next, we will select the names of four providers and they will appear on the next slide in the 'Providers Assigned To User' column.



After all providers are assigned select 'Save.'

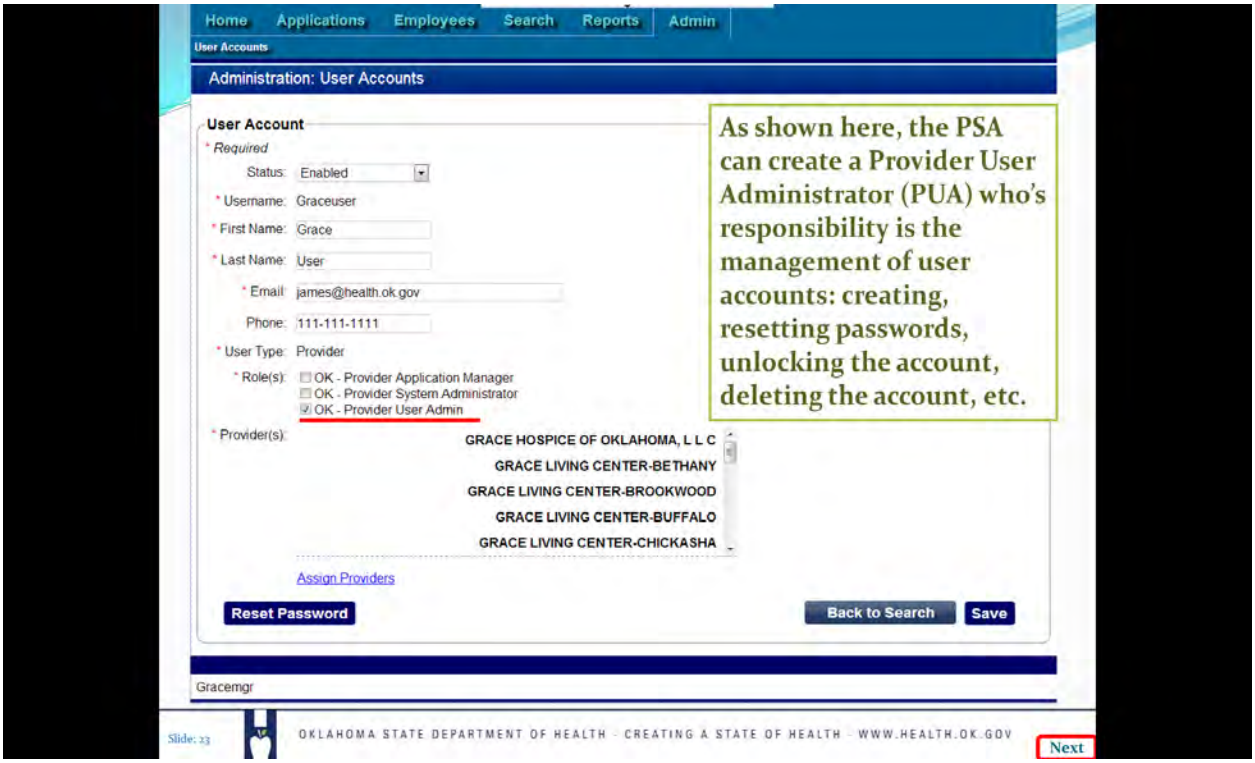


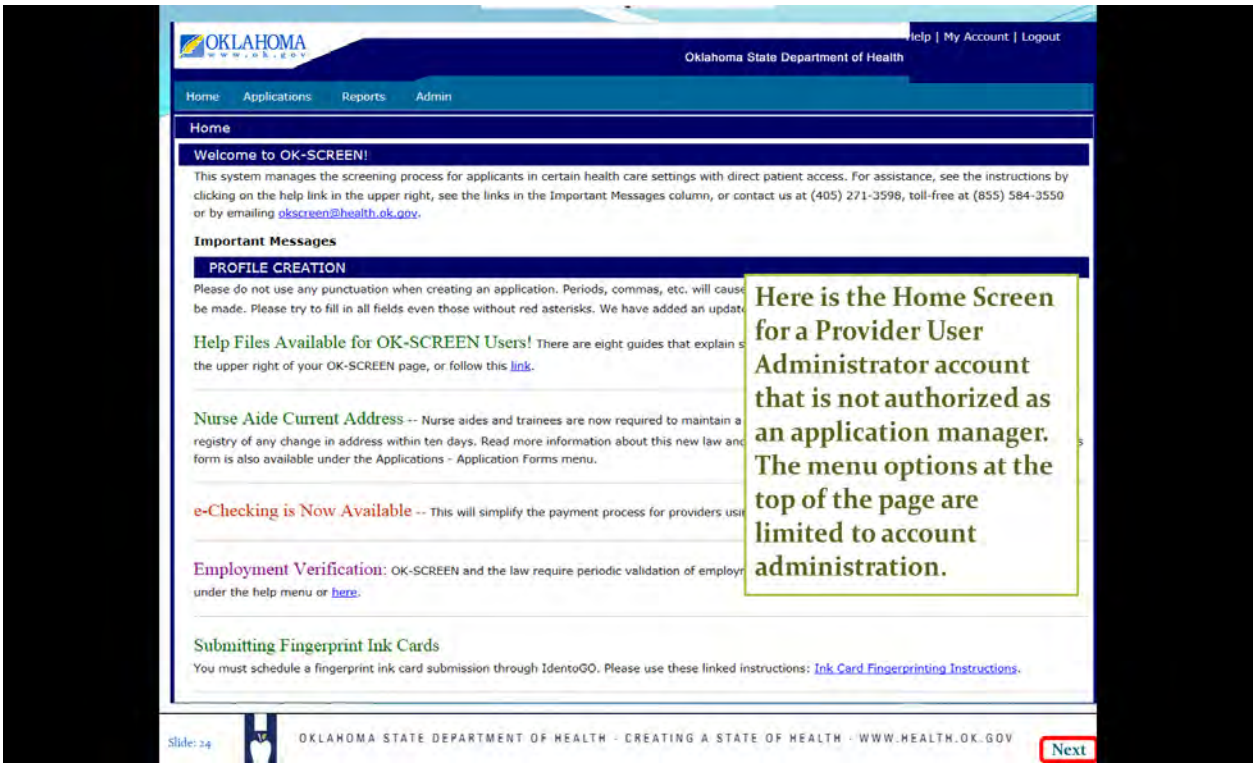
Confirm creation of the new user by selecting 'OK.'

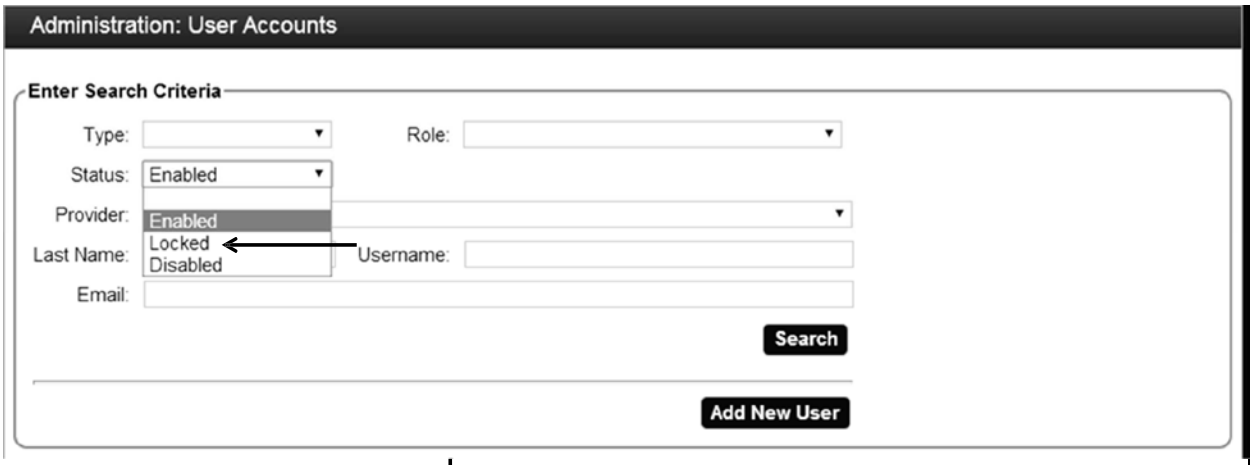


The confirmation message 'Save Successful' appears. They system has generated an email message transmitting a temporary password to the user's email account.

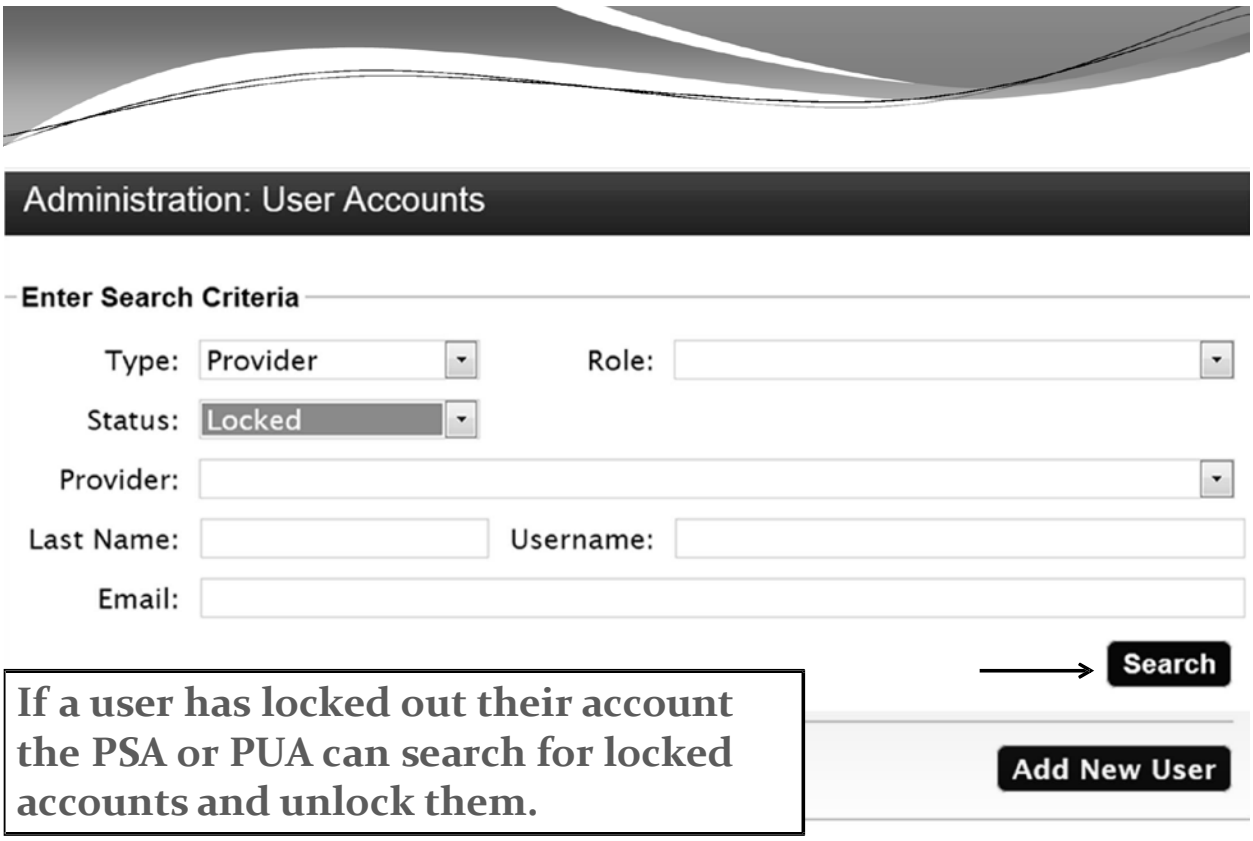
You may create another account or logout.


Home
Applications
Employees
Search
Reports
Admin
User Accounts
Administration: User Accounts
User Account
* Required
Status: Enabled
* Username: Graceuser
* First Name: Grace
* Last Name: User
* Email: james@health.ok.gov
Phone: 111-111-1111
* User Type: Provider
* Role(s): OK - Provider Application Manager
OK - Provider System Administrator
OK - Provider User Admin
* Provider(s): GRACE HOSPICE OF OKLAHOMA, L L C
GRACE LIVING CENTER-BETHANY
GRACE LIVING CENTER-BROOKWOOD
GRACE LIVING CENTER-BUFFALO
GRACE LIVING CENTER-CHICKASHA
Assign Providers
Reset Password
Back to Search
Save
Gracemgr
As shown here, the PSA can create a Provider User Administrator (PUA) who's responsibility is the management of user accounts: creating, resetting passwords, unlocking the account, deleting the account, etc.
Slide: 23
OKLAHOMA STATE DEPARTMENT OF HEALTH - CREATING A STATE OF HEALTH - WWW.HEALTH.OK.GOV
Next

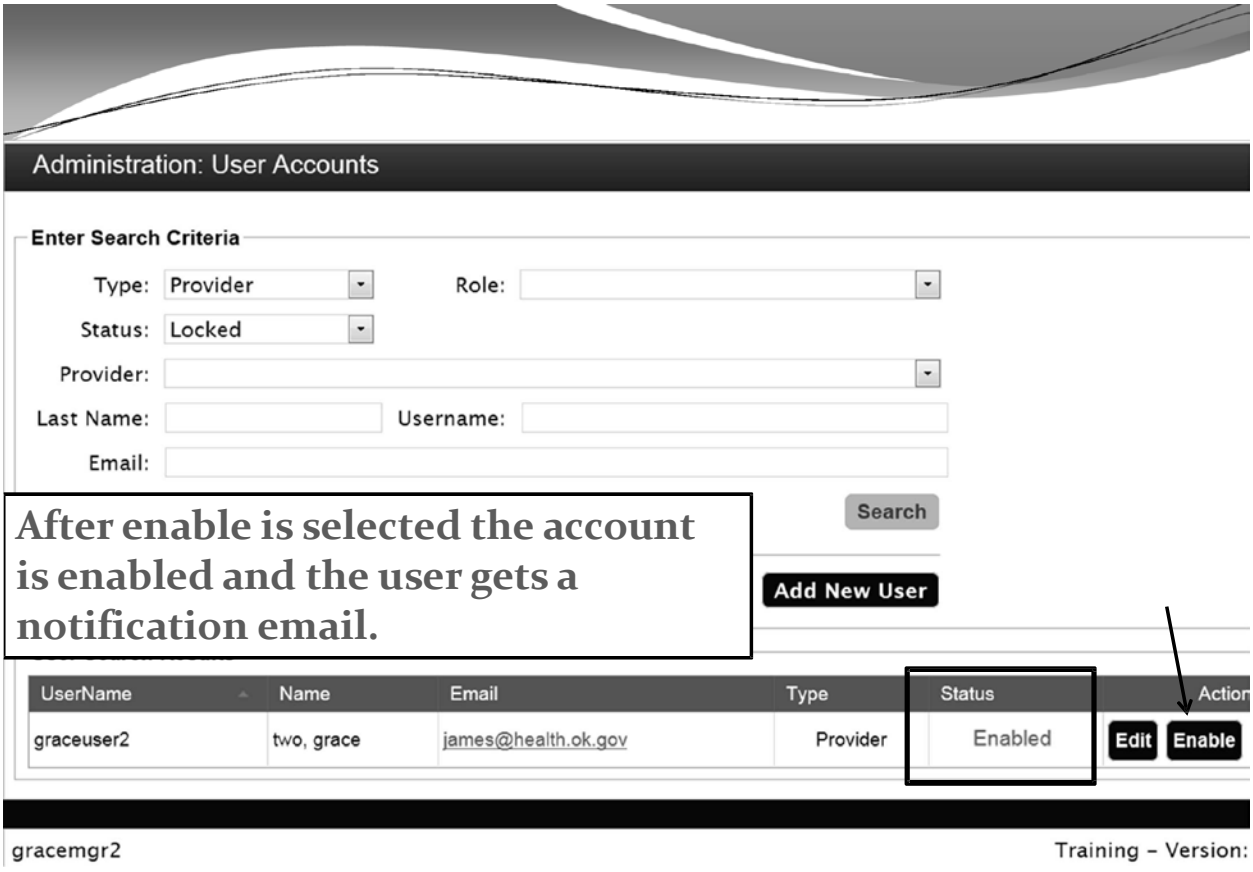

OKLAHOMA
Help | My Account | Logout
Oklahoma State Department of Health
Home
Applications
Reports
Admin
Home
Welcome to OK-SCREEN!
This system manages the screening process for applicants in certain health care settings with direct patient access. For assistance, see the instructions by clicking on the help link in the upper right, see the links in the Important Messages column, or contact us at (405) 271-3598, toll-free at (855) 584-3550 or by emailing okscreen@health.ok.gov.
Important Messages
PROFILE CREATION
Please do not use any punctuation when creating an application. Periods, commas, etc. will cause
be made. Please try to fill in all fields even those without red asterisks. We have added an updat
Help Files Available for OK-SCREEN Users! There are eight guides that explain s
the upper right of your OK-SCREEN page, or follow this link.
Nurse Aide Current Address -- Nurse aides and trainees are now required to maintain a
registry of any change in address within ten days. Read more information about this new law and
form is also available under the Applications - Application Forms menu.
e-Checking is Now Available -- This will simplify the payment process for providers usi
Employment Verification: OK-SCREEN and the law require periodic validation of employr
under the help menu or here.
Submitting Fingerprint Ink Cards
You must schedule a fingerprint ink card submission through IdentoGO. Please use these linked instructions: Ink Card Fingerprinting Instructions.
Here is the Home Screen for a Provider User Administrator account that is not authorized as an application manager. The menu options at the top of the page are limited to account administration.
Slide: 24
OKLAHOMA STATE DEPARTMENT OF HEALTH - CREATING A STATE OF HEALTH - WWW.HEALTH.OK.GOV
Next

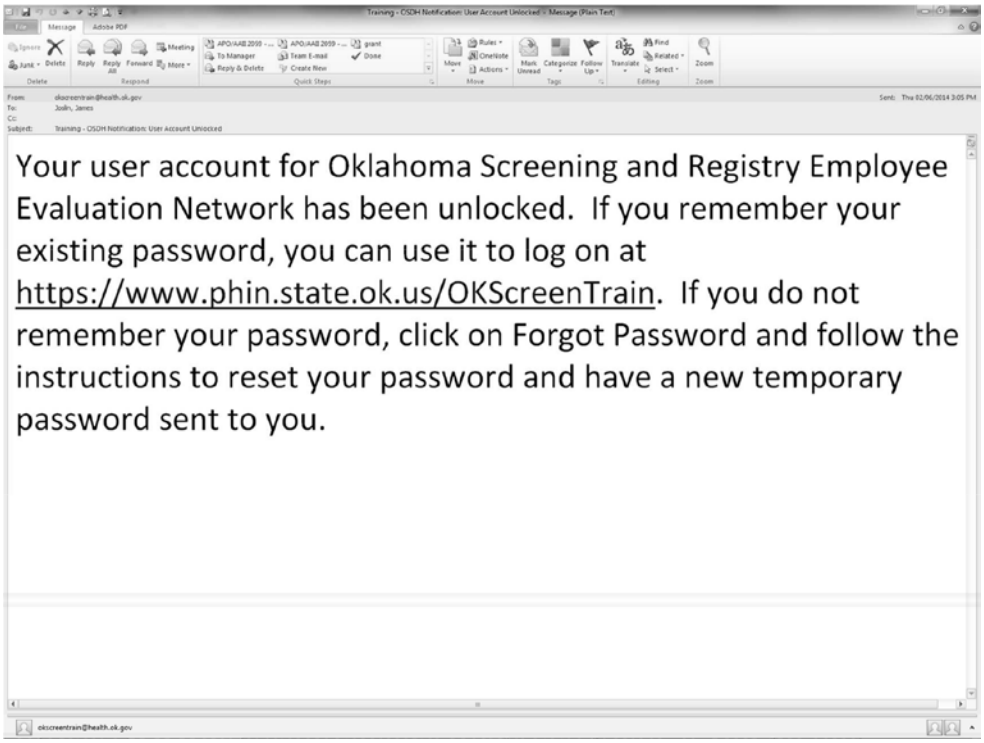


If a user has locked out their account the PSA or PUA can search for locked accounts and unlock them.



If a user has locked out their account the PSA or PUA can search for locked accounts and unlock them.


Administration: User Accounts
Enter Search Criteria
Type: Provider
Role:
Status: Locked
Provider:
Last Name:
Username:
Email:
Search
Add New User
After enable is selected the account is enabled and the user gets a notification email.
UserName
Name
Email
Type
Status
Action
graceuser2
two, grace
james@health.ok.gov
Provider
Enabled
Edit
Enable
gracemgr2
Training – Version:


Your user account for Oklahoma Screening and Registry Employee Evaluation Network has been unlocked. If you remember your existing password, you can use it to log on at https://www.phin.state.ok.us/OKScreenTrain. If you do not remember your password, click on Forgot Password and follow the instructions to reset your password and have a new temporary password sent to you.

The "Reports" tab offers administrative reports for the providers account. Examples of each report follow. Each report can be exported or saved as a pdf file.

Application Report

Date From (MM/DD/YYYY): 12/1/2013 12:00:00 AM Date To (MM/DD/YYYY): 1/20/2014 12:00:00 AM View Report

Provider: All

1 of 1 Find | Next

Oklahoma State Department of Health
1000 NE 10th

Oklahoma City, OK 73117
855-584-3550
http://onbc.health.ok.gov

OK-SCREEN Application Report

Date From: *12/1/2013* **Date To:** *1/20/2014* **Provider:** *All*

Application Id	Provider Name	Applicant Name	SSN4	Application Date	Application Status	Application Status Reason	Withdrawal Reason	Application Paid Date
575	GRACE LIVING CENTER-DEL CITY (NH5510)	Hook, Shirley	0389	12/2/2013	Determination Available			
578	GRACE LIVING CENTER-DEL CITY (NH5510)	Johnson, Lizbeth	0265	12/4/2013	Determination Available			
589	GRACE LIVING CENTER-WOODWARD (NH7703)	Testaide, Tom	9996	12/13/2013	Determination Available			12/13/2013
590	GRACE LIVING CENTER-EL RENO (NH0903)	Bishop, Adam Wesley	8755	12/16/2013	Closed	Withdrawn	Left For Another Job	
591	GRACE LIVING CENTER-DEL CITY (NH5510)	Vanilli, Mili Q, Jr	6666	12/20/2013	Determination Available			12/20/2013
592	GRACE LIVING CENTER-WOODWARD (NH7703)	Clark, Trevor	9771	12/27/2013	Closed	Not Hired Due To Registry Check		
593	GRACE LIVING CENTER-WOODWARD (NH7703)	Anderson, Alexis S	7812	12/27/2013	Determination Available			12/27/2013
594	GRACE LIVING CENTER-WOODWARD (NH7703)	Baker, Alice	2365	12/27/2013	Determination Available			12/27/2013
595	GRACE LIVING CENTER-WOODWARD (NH7703)	Chandler, Betty	7477	12/27/2013	Closed	Hired		12/27/2013
596	GRACE LIVING CENTER-WOODWARD (NH7703)	Testaide, Timmy	9998	12/27/2013	Closed	Withdrawn	Test Only	12/27/2013

Application Report

Date From (MM/DD/YYYY): 12/1/2013 12:00:00 AM Date To (MM/DD/YYYY)

Provider: All

1 of 1 Find | Next

XML file with report data
CSV (comma delimited)
PDF
MHTML (web archive)
Excel
TIFF file
Word

Oklahoma State Department of Health
1000 NE 10th

Oklahoma City, OK 73117
855-584-3550
http://onbc.health.ok.gov

OK-S…tion

Date From: *12/1/2013* **Date To:** *1/20/2014* **Provider:** *All*

Application Id	Provider Name	Applicant Name	SSN4	Application Date	Application Status	Application S Reason
575	GRACE LIVING CENTER-DEL CITY (NH5510)	Hook, Shirley	0389	12/2/2013	Determination Available	
578	GRACE LIVING CENTER-	Johnson, Lizbeth	0265	12/4/2013	Determination Available	

Employment Roster Report

Employment Status: ALL Provider: GRACE LIVING CENTER-DEL CITY (NH5510) View R…

1 of 1 Find | Next

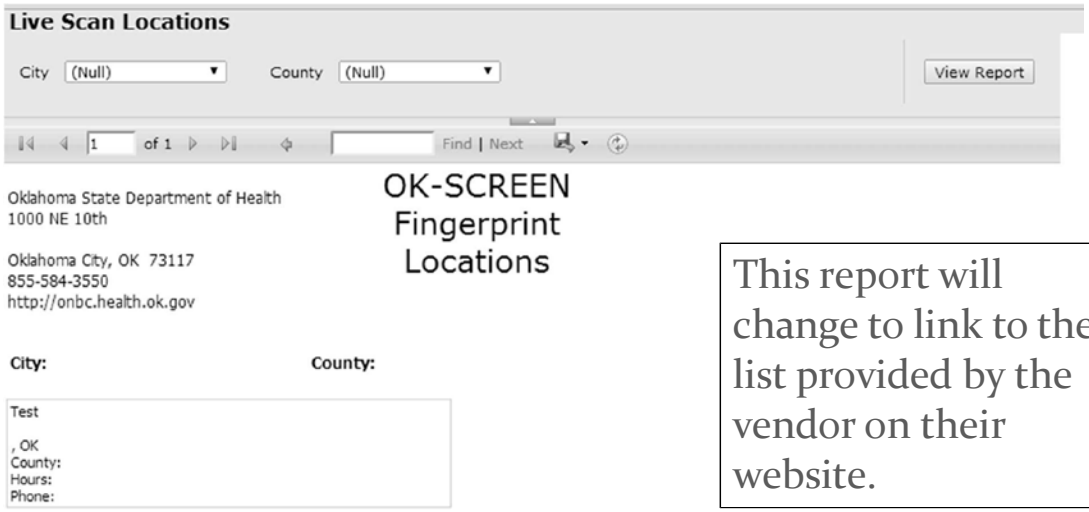
Oklahoma State Department of Health
1000 NE 10th

Oklahoma City, OK 73117
855-584-3550
http://onbc.health.ok.gov

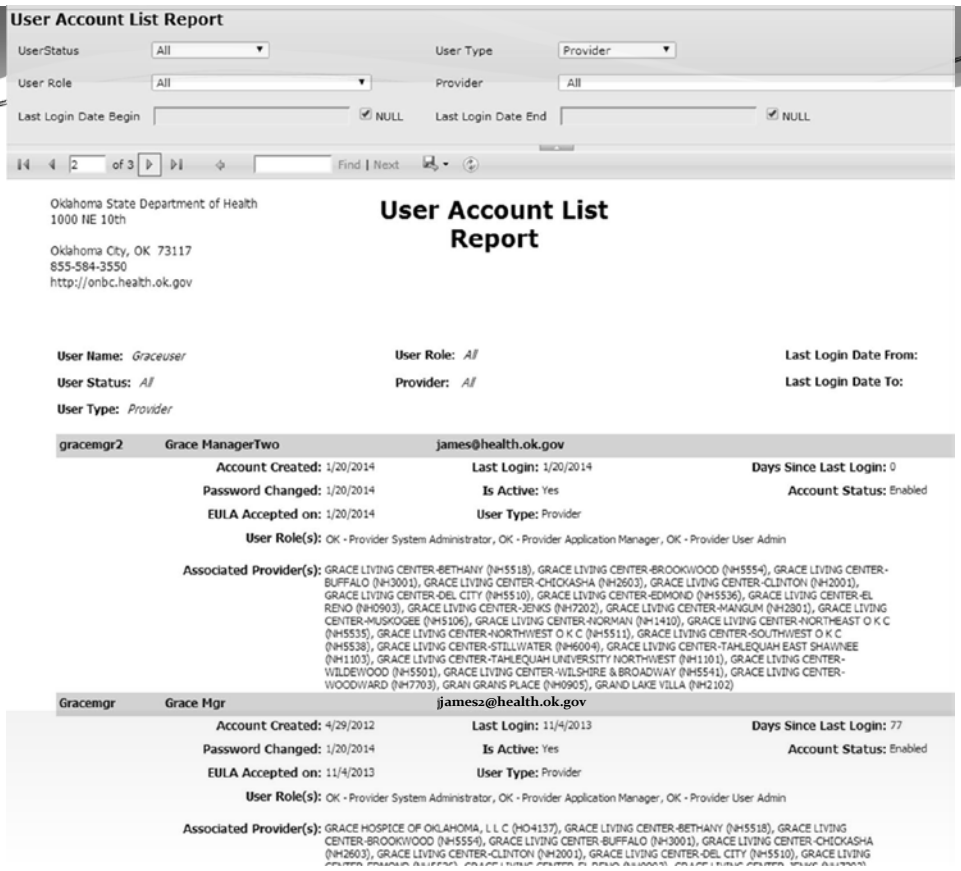
Employment Roster Report

Employment Status: *ALL*

Provider Name	Last Name	First Name	Position	Employment Status	Provisional Hire Date	Permanent Hire Date
GRACE LIVING CENTER-DEL CITY (NH5510)	Ables	Taylor	Nurse Aide in Training	Permanent		11/25/2013
GRACE LIVING CENTER-DEL CITY (NH5510)	Armstrong	Randy	Nurse Aide in Training	Permanent	11/25/2013	11/25/2013
GRACE LIVING CENTER-DEL CITY (NH5510)	Bibbs	Venice	Nurse Aide	Permanent	11/27/2013	11/27/2013
GRACE LIVING CENTER-DEL CITY (NH5510)	Ellison	Angela	Nurse Aide	Permanent	10/22/2013	10/28/2013
GRACE LIVING CENTER-DEL CITY (NH5510)	Jervis	Ziggy	Nurse Aide	Permanent		01/13/2014
GRACE LIVING CENTER-DEL CITY (NH5510)	Moffatt	Priscilla	Nurse Aide	Permanent	11/26/2013	11/26/2013
GRACE LIVING CENTER-DEL CITY (NH5510)	Simpson	Devan	Nurse Aide	Permanent	10/14/2013	10/18/2013
GRACE LIVING CENTER-DEL CITY (NH5510)	test	Test	Maintenance Worker	Permanent	10/14/2013	10/18/2013



This report will change to link to the list provided by the vendor on their website.



This concludes the demonstration.

If you note an error or problem in OK-SCREEN please make a note of it. You may capture the screen image by pressing your print screen (PrtScn) button and pasting the image (Ctrl-V) in an email, or Word document, and sending it to the OK-SCREEN staff here: okscreen@health.ok.gov.

You may also contact the helpline at 405-271-3598 or toll free 1-855-584-3550.

OK-SCREEN Demonstration

Scott Chisholm
Program Manager
Oklahoma National Background Check Program
Oklahoma State Department of Health
(855) 584-3550 / (405) 271-3598
Email: okscreen@health.ok.gov
Website: http://onbc.health.ok.gov

Key Items

Item	Slide(s)
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Consent and Release Form	8-11
Adding a New Applicant	12-28
The Research Registries Screen	29-52
Final Registry Results	56
Processing an applicant with no findings (All Cleared)	59
Credit Card Payment for Single Application	61-69
Authorization to Fingerprint Form	70-76
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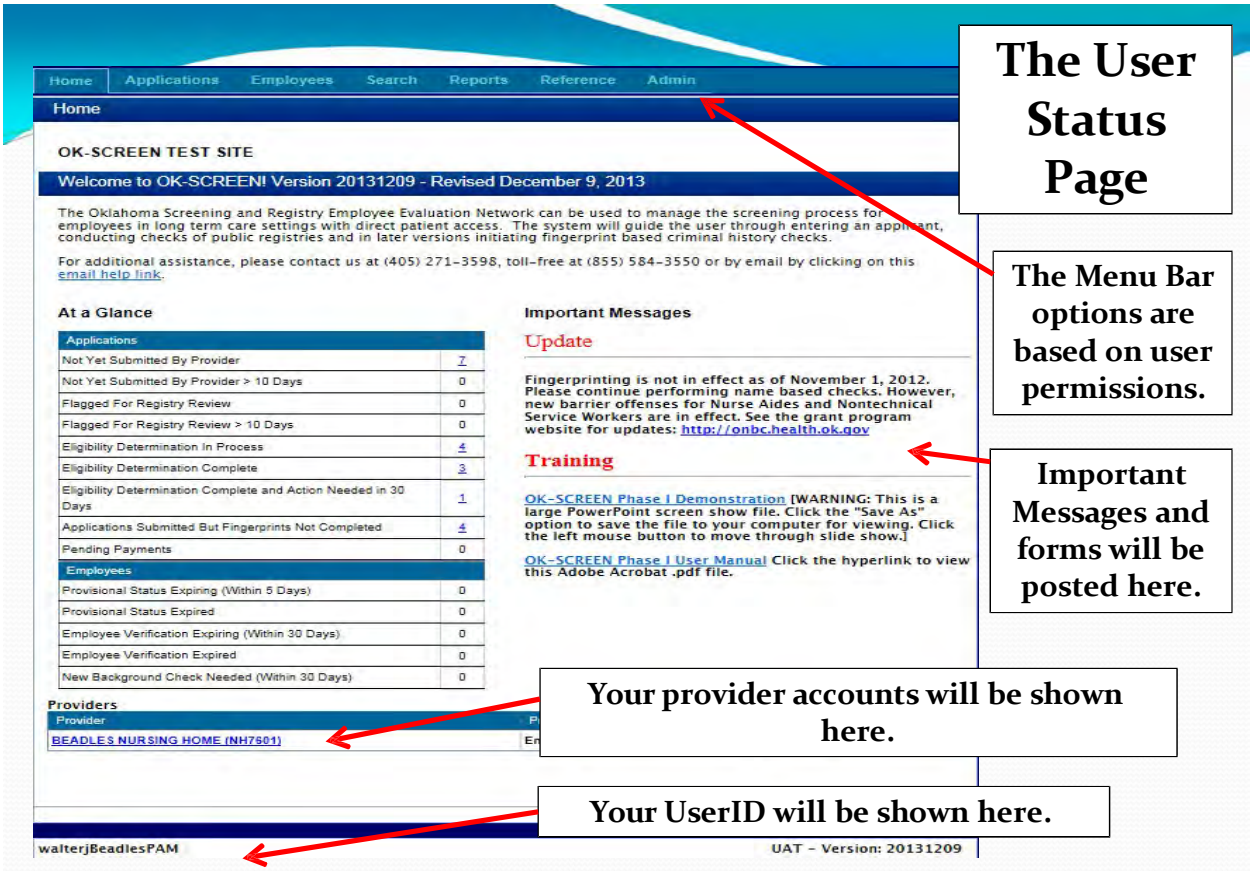
Provisional Hire	95-99
Person Summary Tabs Overview	100-104
Hiring an Applicant Already in the System (but no Determination)	105-111
Receiving a Determination from the ONBCP	112
Permanent Hire	113-117
Adding an applicant who already has an Eligible Determination	118-123
Batch Payment Processing	133-142
Viewing a Criminal History Report	143-150



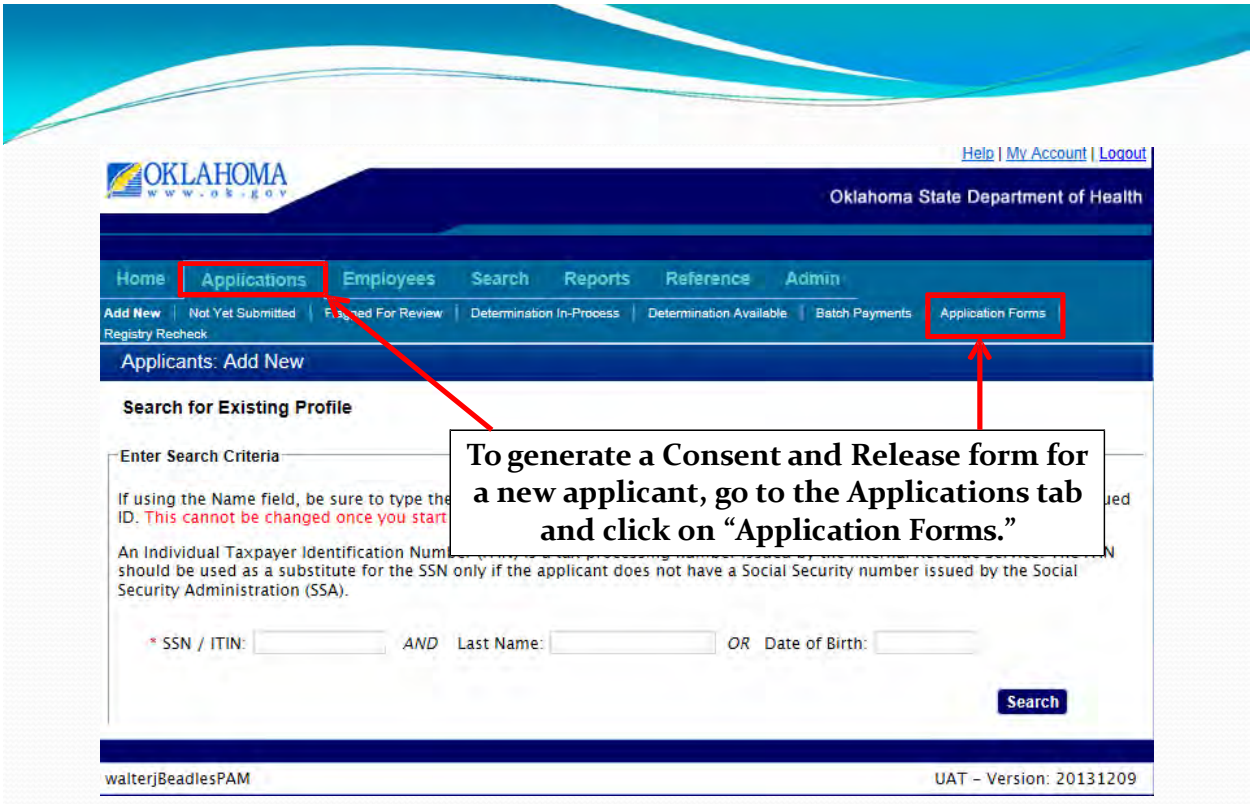
The User Status Page

The Menu Bar options are based on user permissions.

Important Messages and forms will be posted here.

Your provider accounts will be shown here.

Your UserID will be shown here.



To generate a Consent and Release form for a new applicant, go to the Applications tab and click on "Application Forms."

You will then see this screen.

Click on the "Consent and Release" form hyperlink. When you request a form from OK-Screen, you will be prompted by a message like this to either open the file, save it or cancel.

Registry and Criminal History Record Check
Consent and Release Form

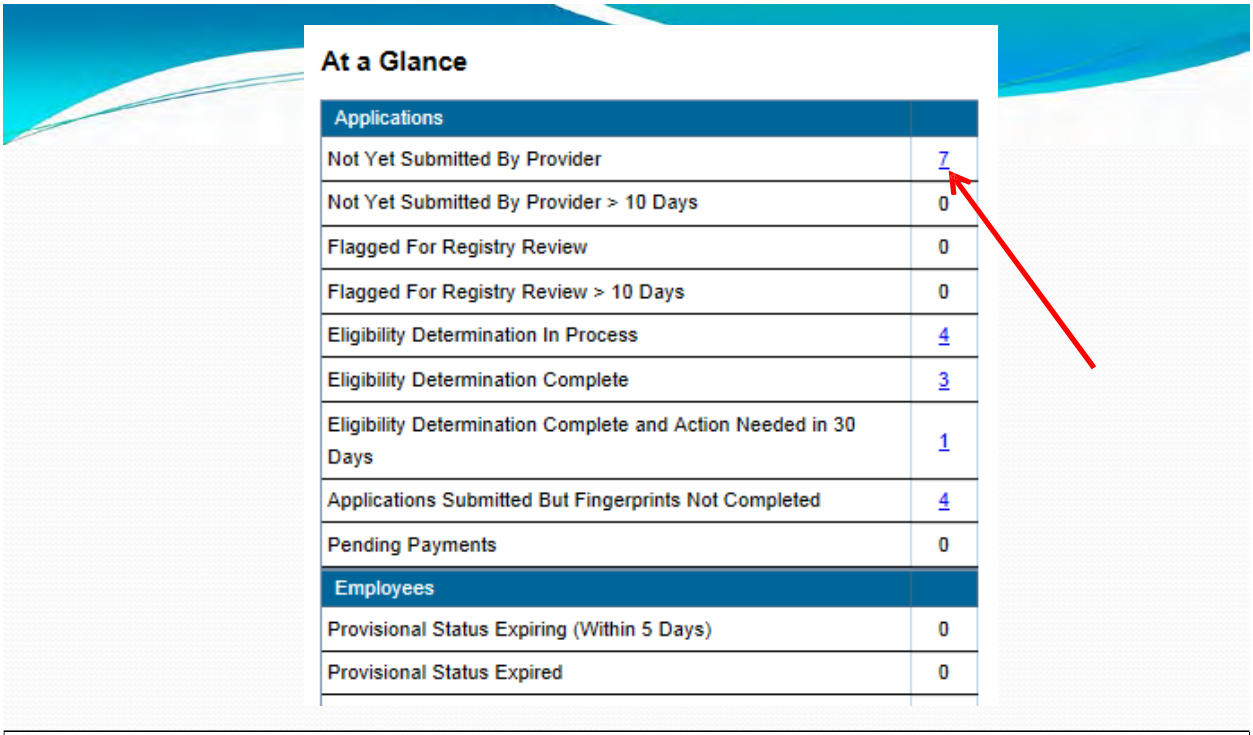
This form is a provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that *an applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau* [Okla. State Bureau of Investigation (OSBI)] *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.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

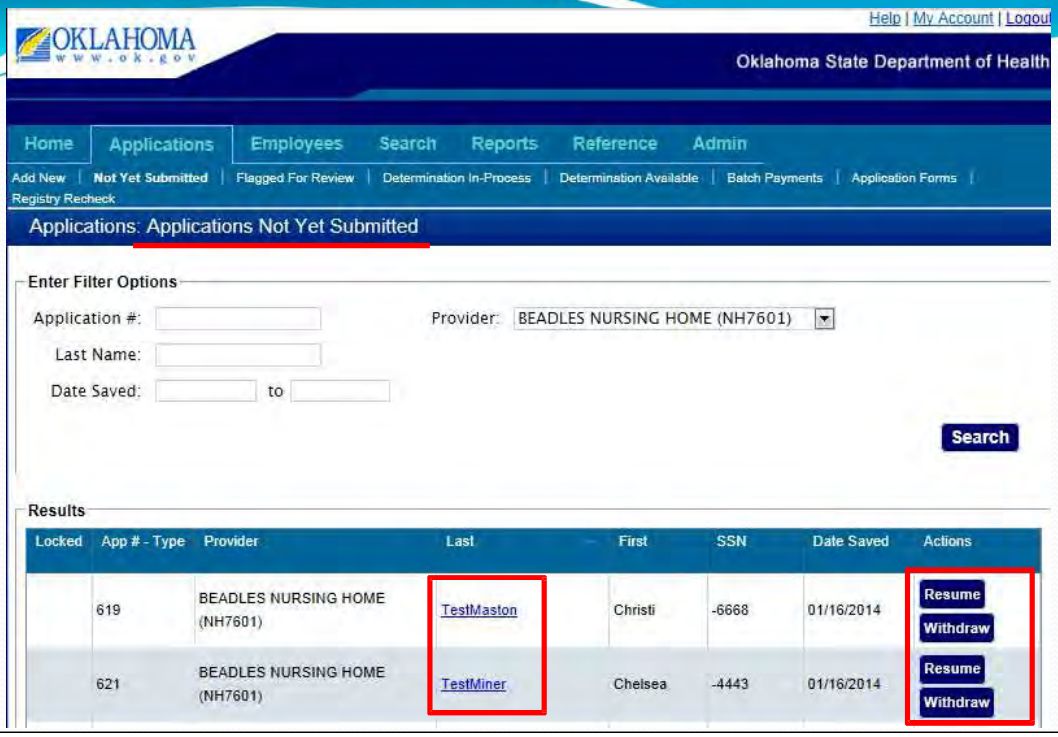
Employer must retain the signed applicant consent.

Instructions to Applicant: Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. **Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting.** With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar ($10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and your will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

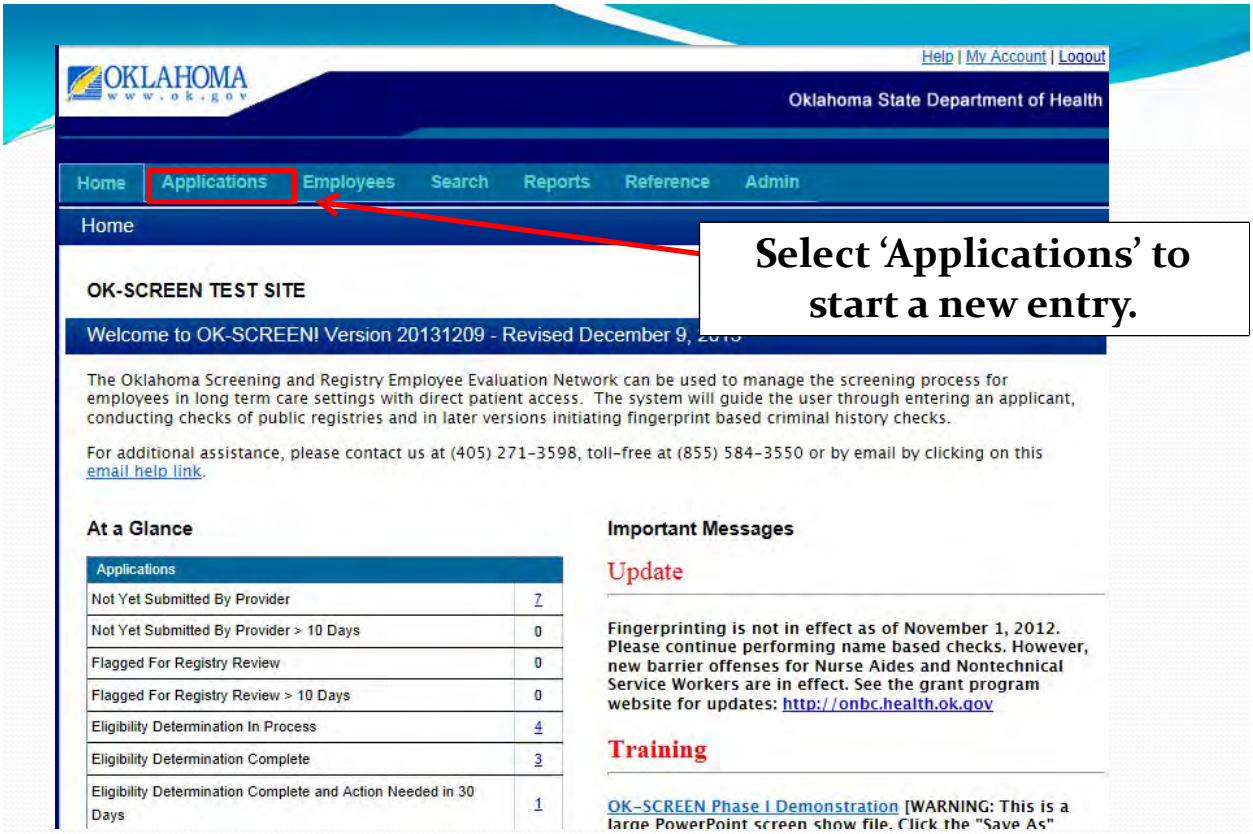
Click on the "Home" tab to return to the main screen.



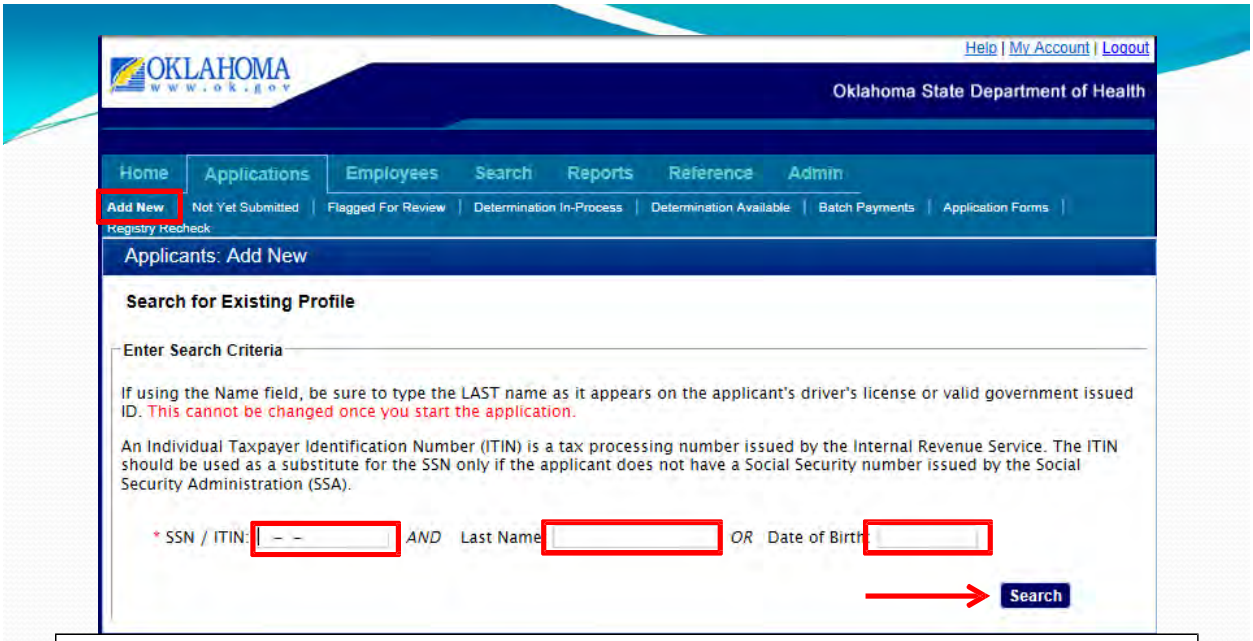
The counts are hyperlinked to records. The first option, "Not Yet Submitted" resumes work on incomplete submittals



The last names are hyperlinked to view the record or the user can resume or withdraw the record.

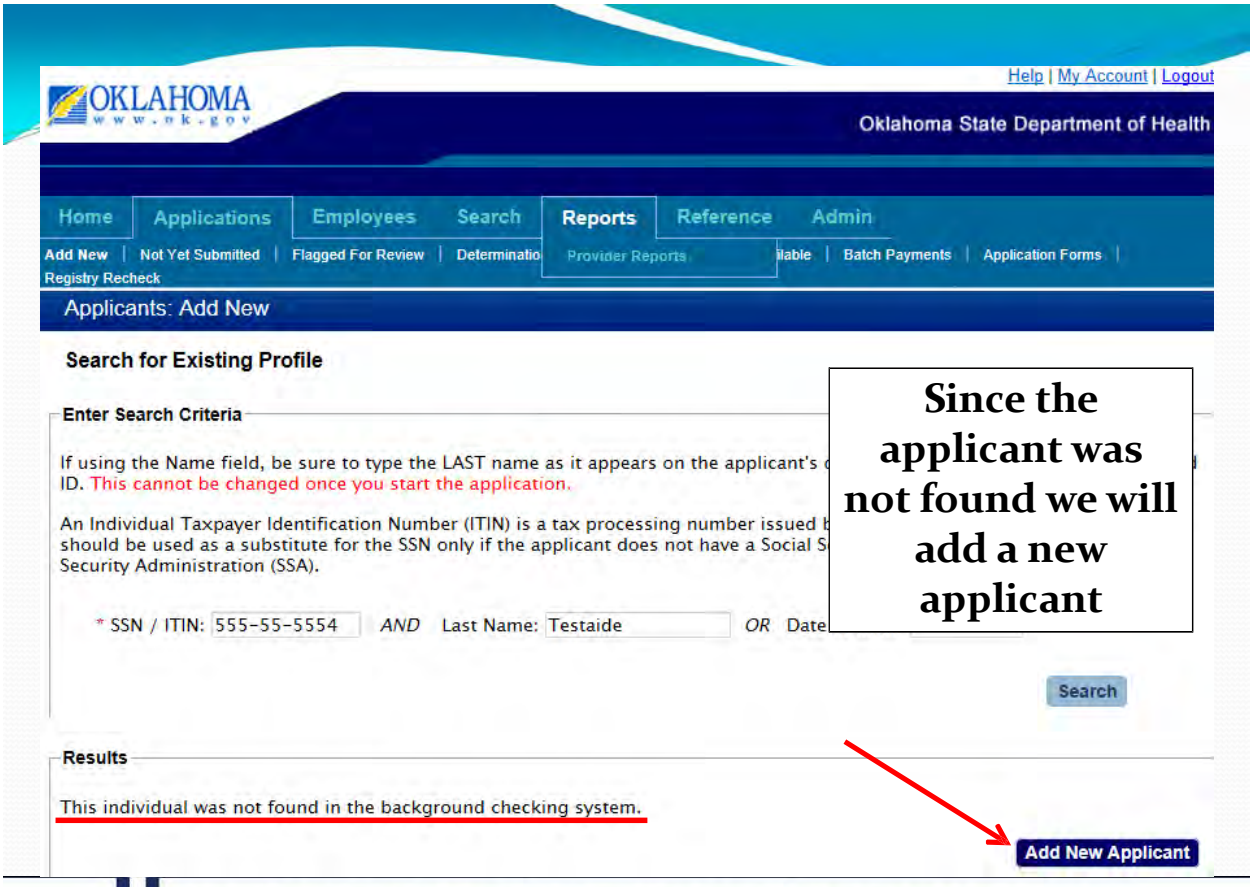


Select 'Applications' to start a new entry.

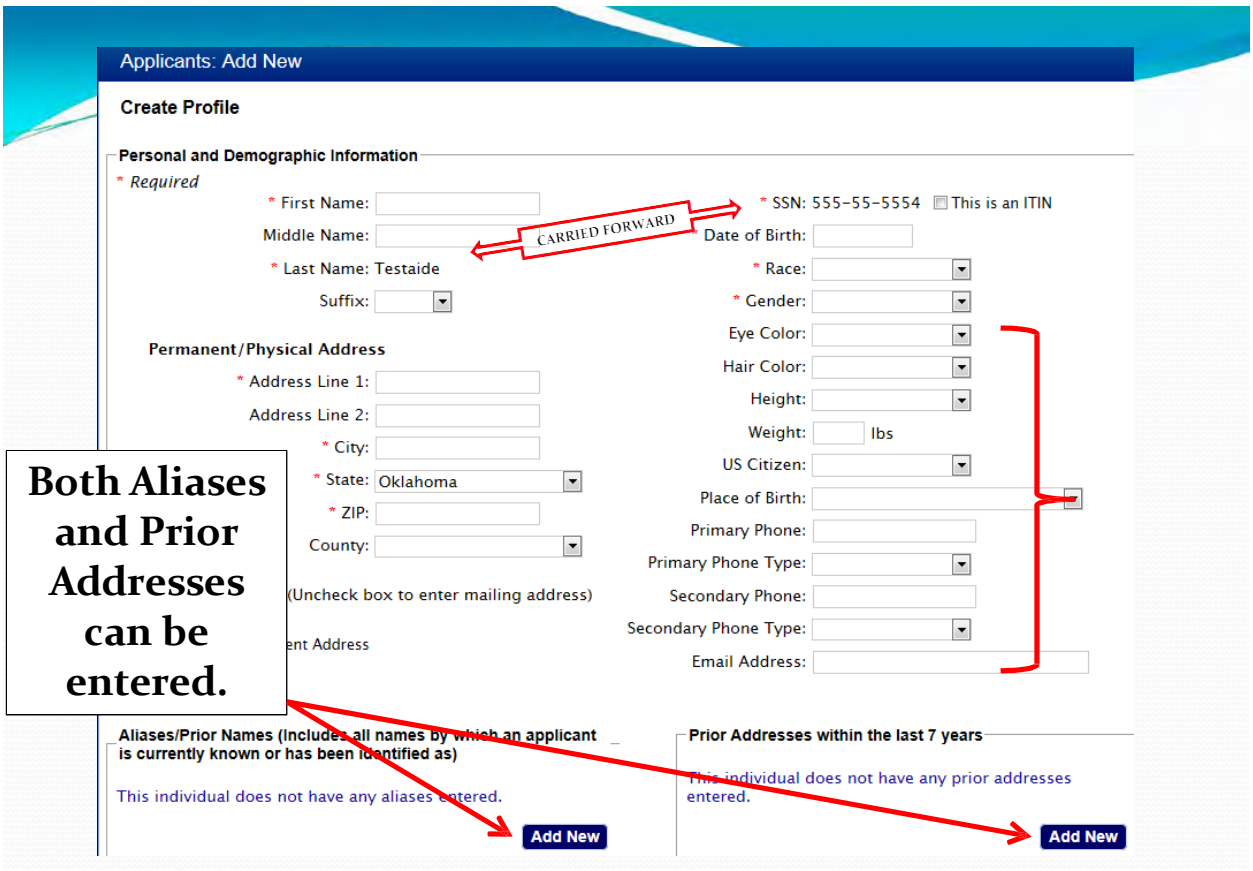


Select 'Add New' and enter the SSN and Last Name *OR* Date of Birth

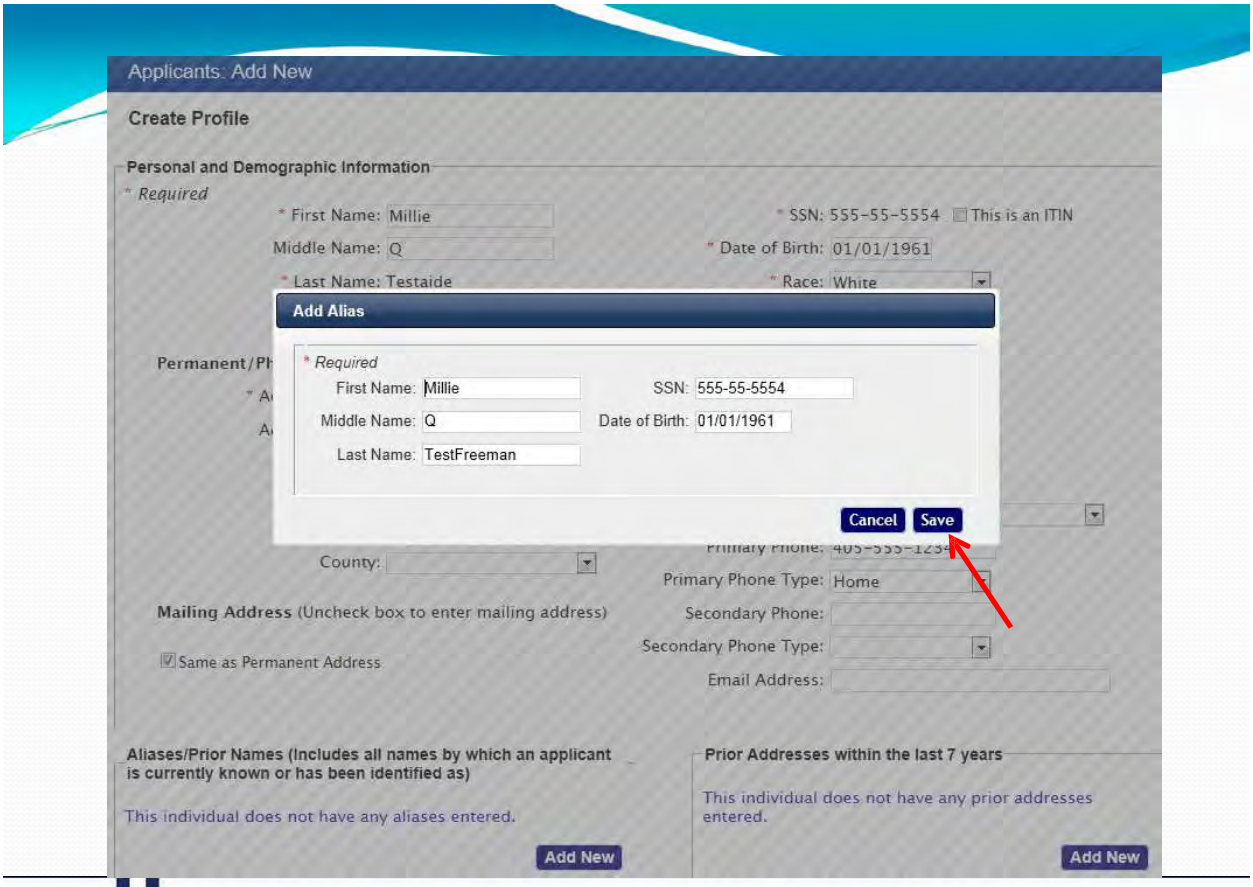
Note that OKSCREEN does not rely on your web browser's back button. Instead use the back button on the screen or select options from the menu bar.

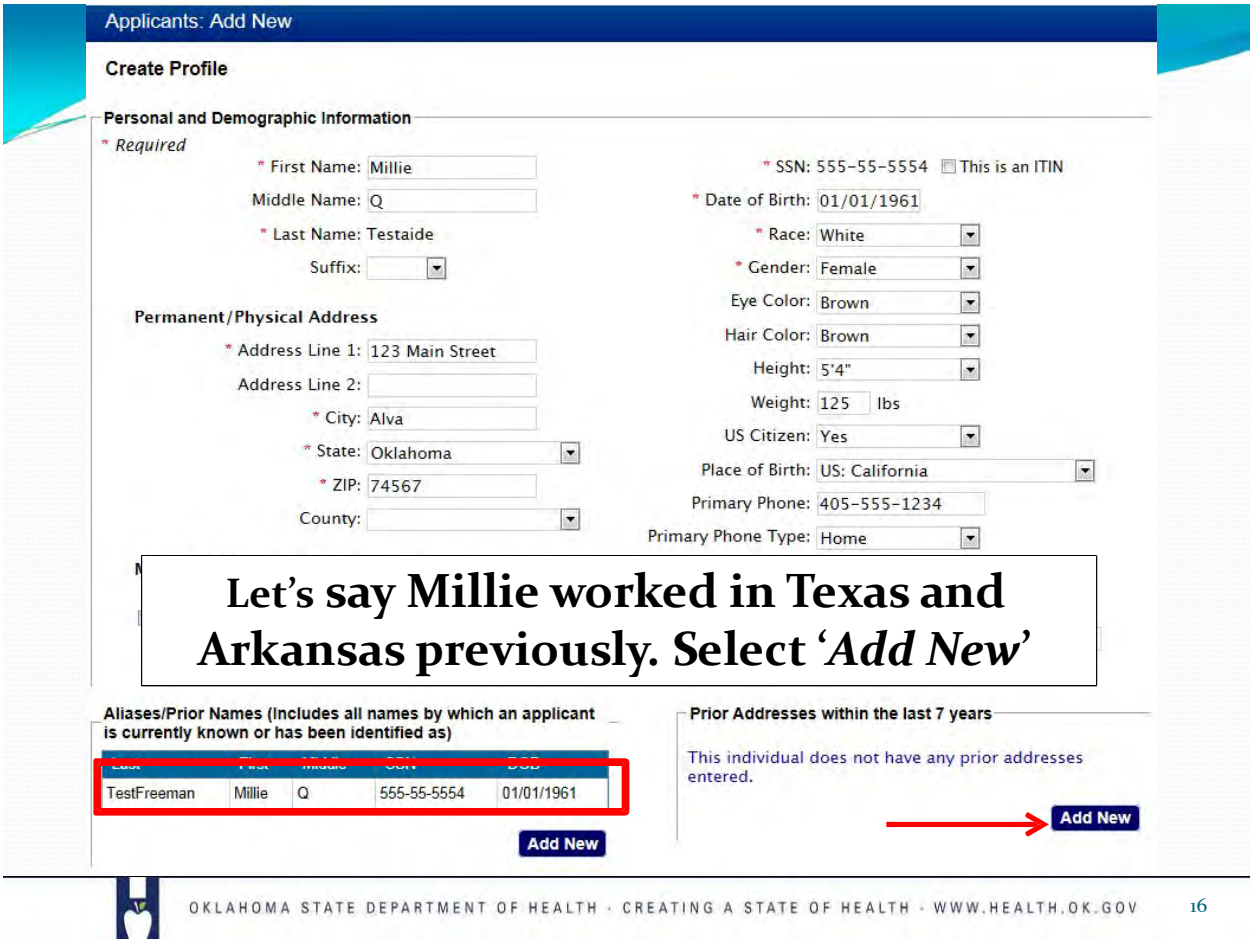


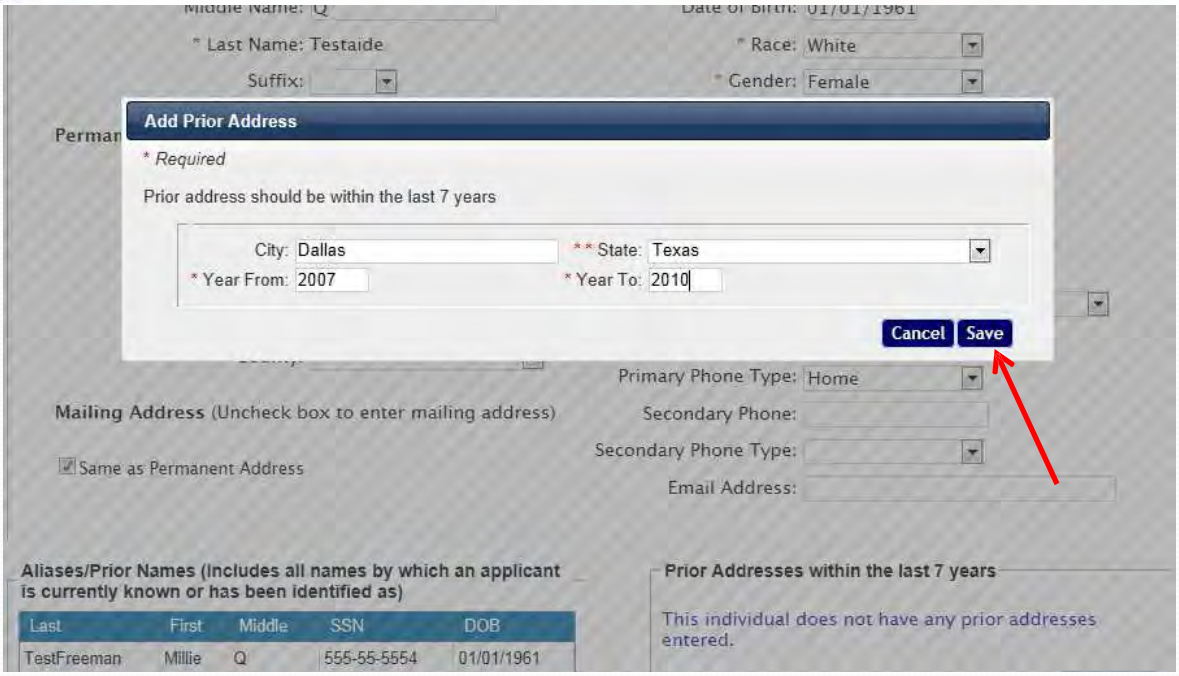
Since the applicant was not found we will add a new applicant

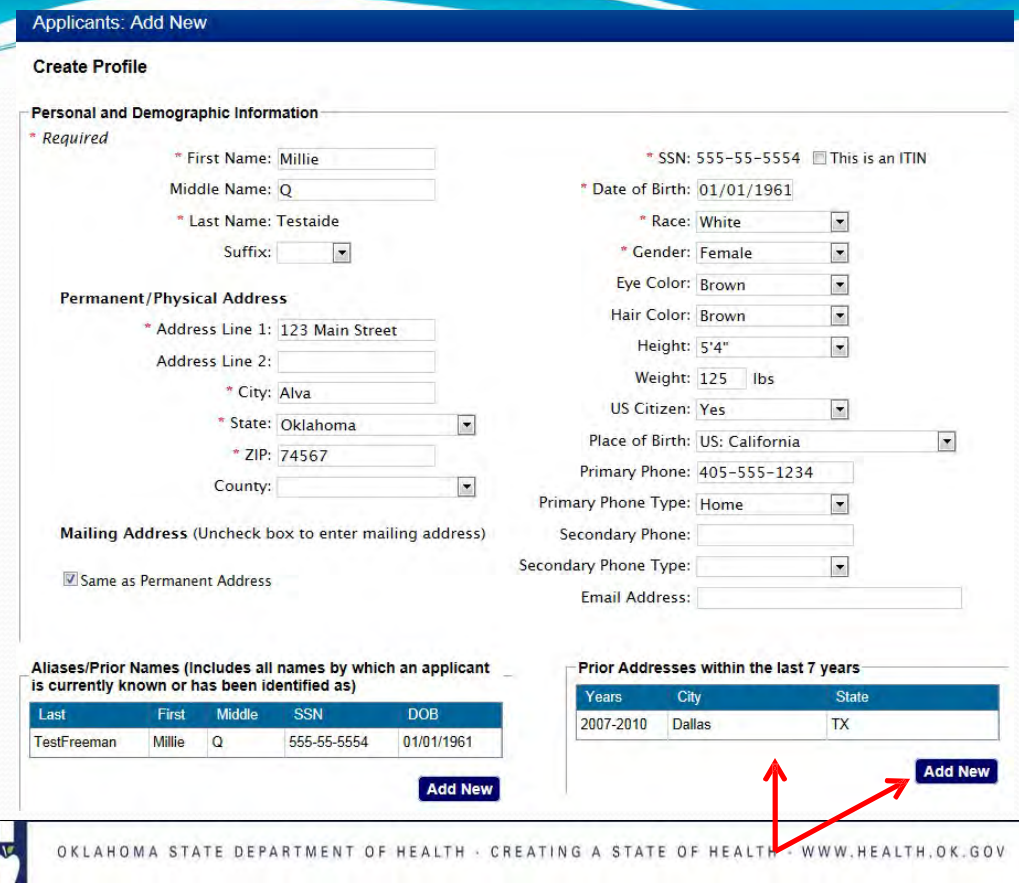


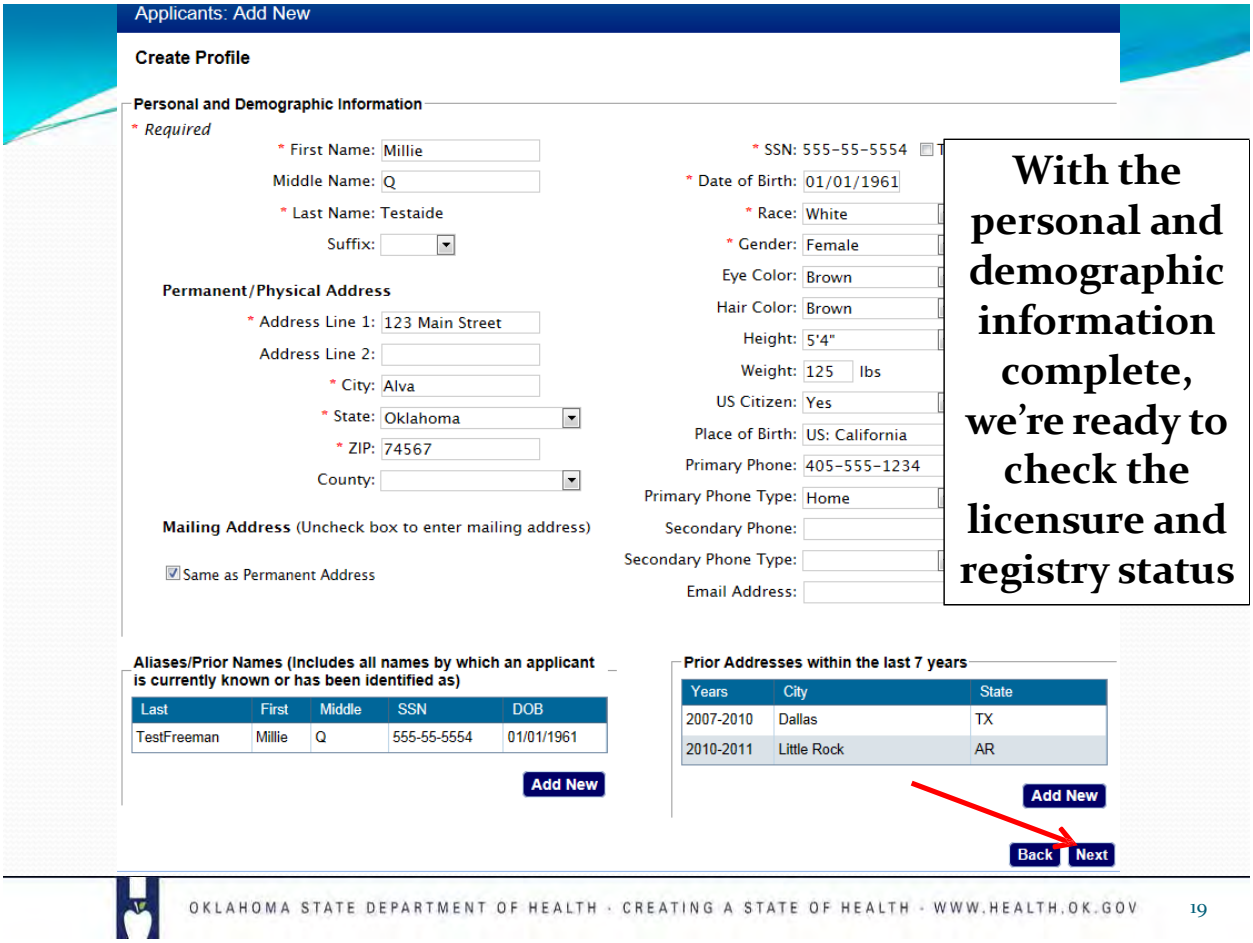
Both Aliases and Prior Addresses can be entered.


Applicants: Add New
Create Profile
Personal and Demographic Information
* Required
* First Name: Millie
Middle Name: Q
* Last Name: Testaide
* SSN: 555-55-5554 This is an ITIN
* Date of Birth: 01/01/1961
* Race: White
Add Alias
* Required
First Name: Millie
Middle Name: Q
Last Name: TestFreeman
SSN: 555-55-5554
Date of Birth: 01/01/1961
Cancel
Save
Permanent/Ph
County:
Primary Phone Type: Home
Mailing Address (Uncheck box to enter mailing address)
Secondary Phone:
Secondary Phone Type:
Same as Permanent Address
Email Address:
Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)
This individual does not have any aliases entered.
Add New
Prior Addresses within the last 7 years
This individual does not have any prior addresses entered.
Add New

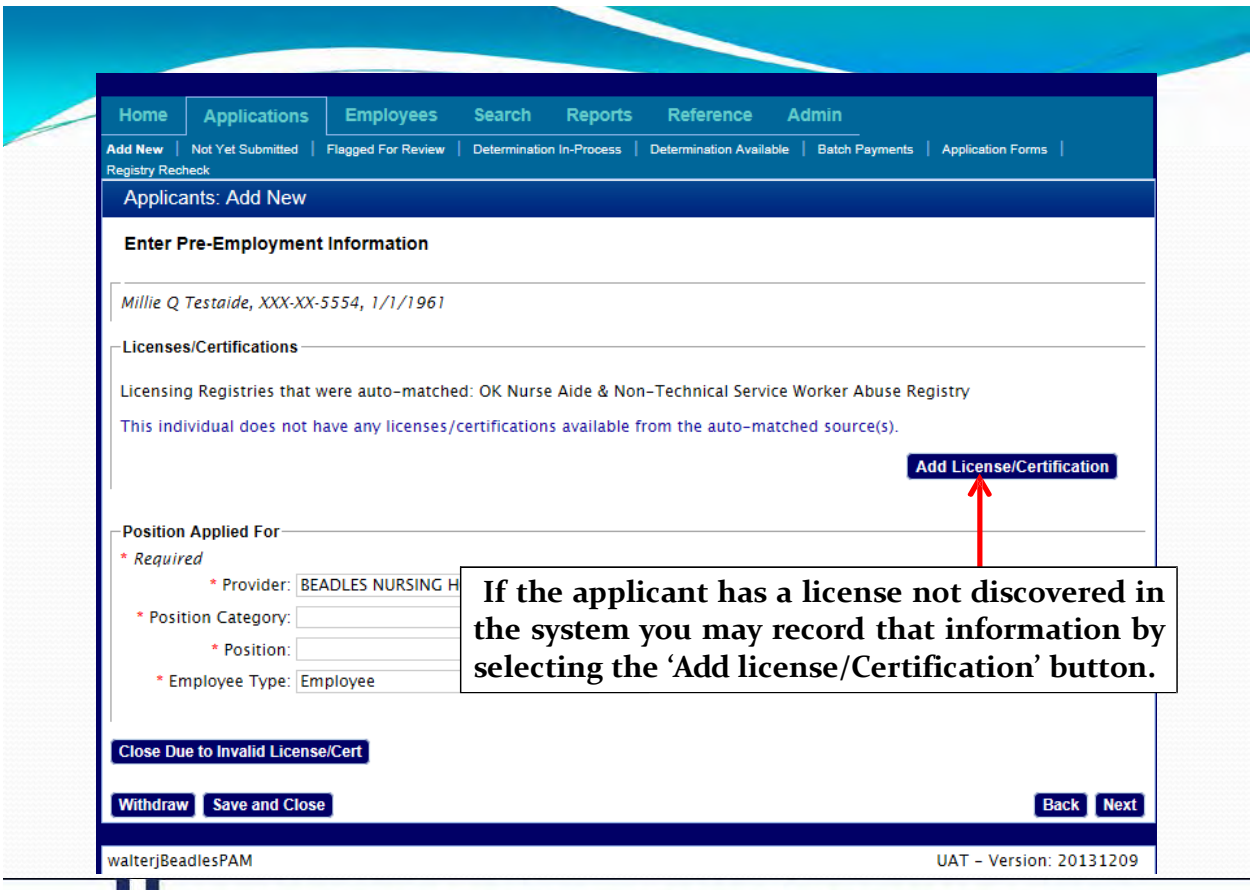

Applicants: Add New
Create Profile
Personal and Demographic Information
* Required
* First Name: Millie
Middle Name: Q
* Last Name: Testaide
Suffix:
Permanent/Physical Address
* Address Line 1: 123 Main Street
Address Line 2:
* City: Alva
* State: Oklahoma
* ZIP: 74567
County:
* SSN: 555-55-5554 This is an ITIN
* Date of Birth: 01/01/1961
* Race: White
* Gender: Female
Eye Color: Brown
Hair Color: Brown
Height: 5'4"
Weight: 125 lbs
US Citizen: Yes
Place of Birth: US: California
Primary Phone: 405-555-1234
Primary Phone Type: Home
Let's say Millie worked in Texas and Arkansas previously. Select 'Add New'
Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)
TestFreeman Millie Q 555-55-5554 01/01/1961
Add New
Prior Addresses within the last 7 years
This individual does not have any prior addresses entered.
Add New


Middle Name: Q
Date of Birth: 01/01/1961
* Last Name: Testaide
* Race: White
Suffix:
* Gender: Female
Add Prior Address
* Required
Prior address should be within the last 7 years
City: Dallas
* State: Texas
* Year From: 2007
* Year To: 2010
Cancel
Save
Primary Phone Type: Home
Mailing Address (Uncheck box to enter mailing address)
Secondary Phone:
Secondary Phone Type:
Same as Permanent Address
Email Address:
Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)
Last First Middle SSN DOB
TestFreeman Millie Q 555-55-5554 01/01/1961
Prior Addresses within the last 7 years
This individual does not have any prior addresses entered.

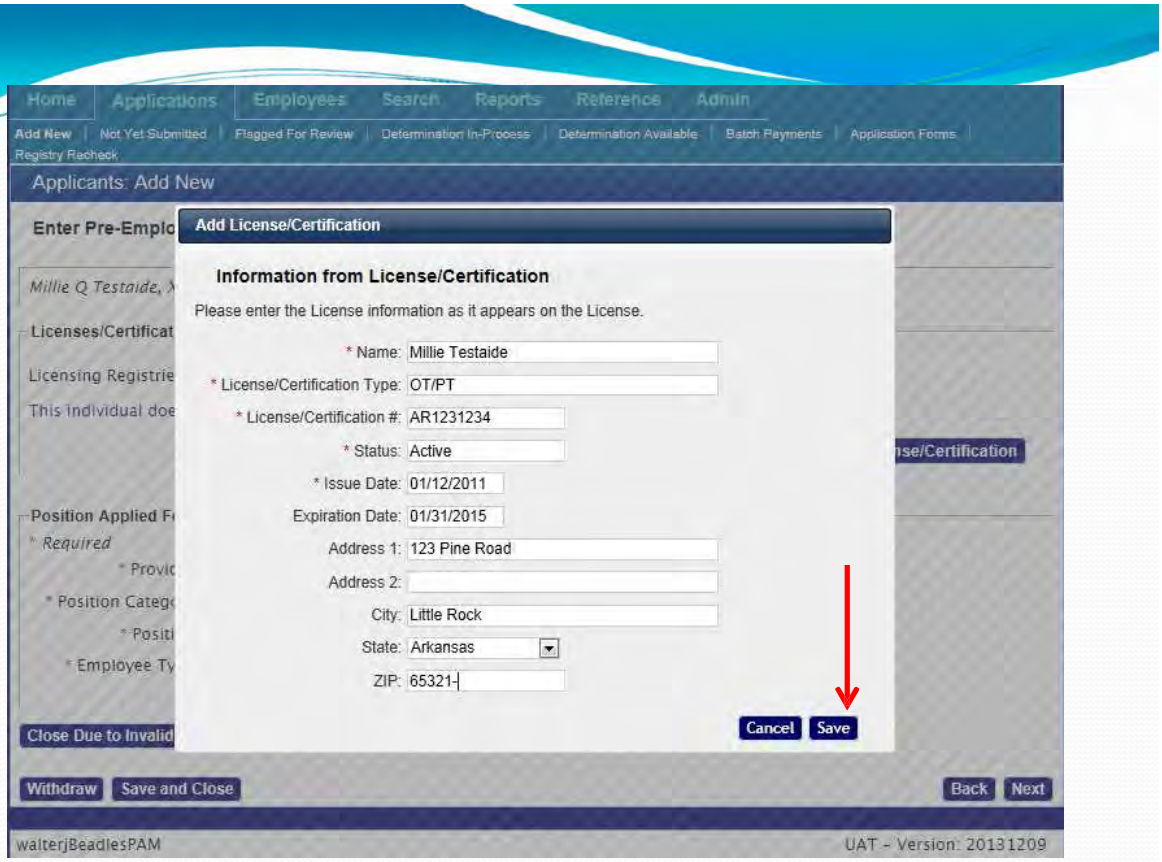

Applicants: Add New
Create Profile
Personal and Demographic Information
* Required
* First Name: Millie
Middle Name: Q
* Last Name: Testaide
Suffix:
* SSN: 555-55-5554 This is an ITIN
* Date of Birth: 01/01/1961
* Race: White
* Gender: Female
Eye Color: Brown
Hair Color: Brown
Height: 5'4"
Weight: 125 lbs
US Citizen: Yes
Place of Birth: US: California
Primary Phone: 405-555-1234
Primary Phone Type: Home
Secondary Phone:
Secondary Phone Type:
Email Address:
Permanent/Physical Address
* Address Line 1: 123 Main Street
Address Line 2:
* City: Alva
* State: Oklahoma
* ZIP: 74567
County:
Mailing Address (Uncheck box to enter mailing address)
Same as Permanent Address
Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)
Last First Middle SSN DOB
TestFreeman Millie Q 555-55-5554 01/01/1961
Add New
Prior Addresses within the last 7 years
Years City State
2007-2010 Dallas TX
Add New

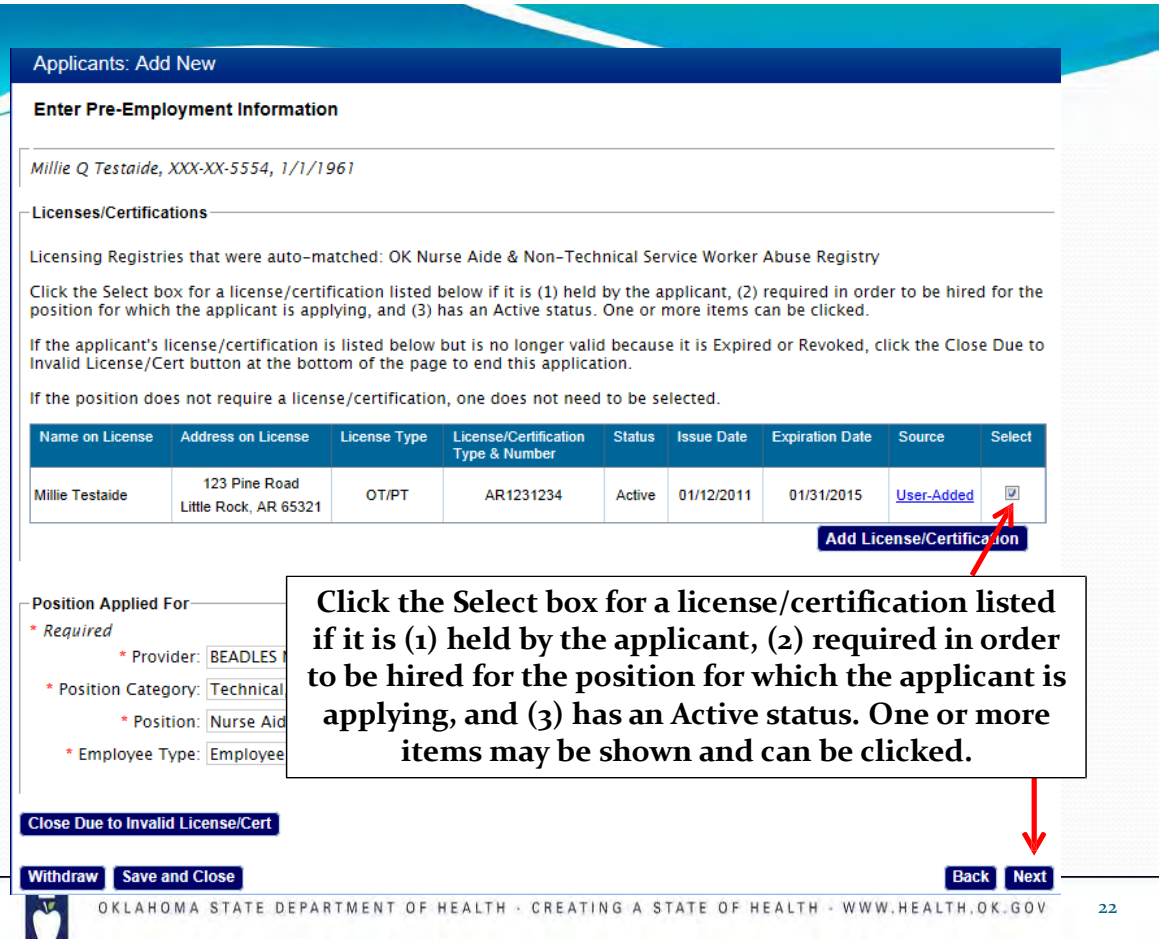


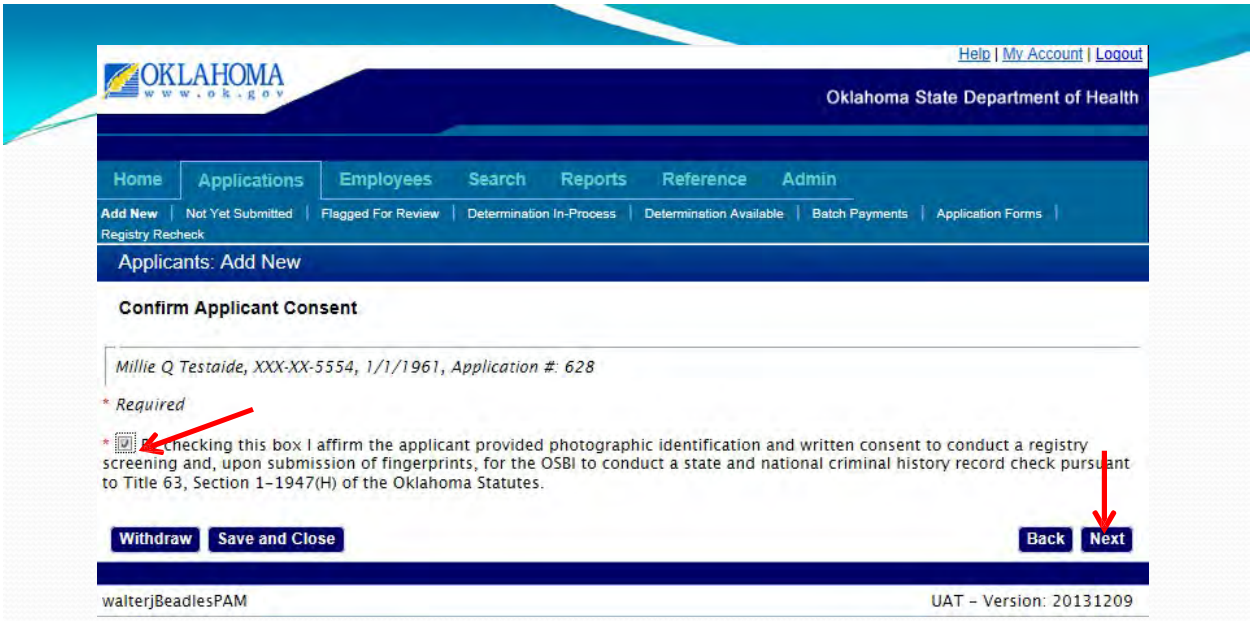
With the personal and demographic information complete, we're ready to check the licensure and registry status



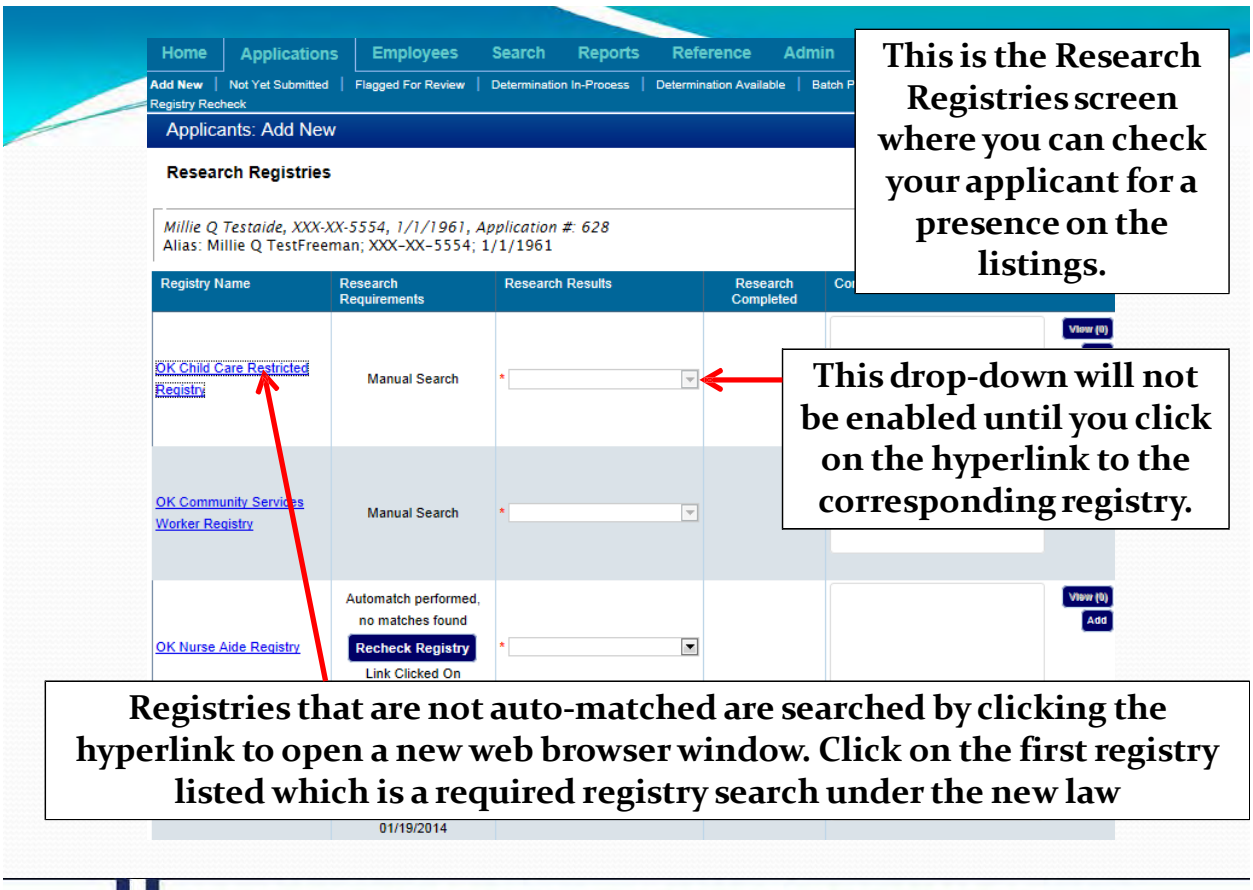
If the applicant has a license not discovered in the system you may record that information by selecting the 'Add license/Certification' button.


Home
Applications
Employees
Search
Reports
Reference
Admin
Add New
Not Yet Submitted
Flagged For Review
Determination In-Process
Determination Available
Batch Payments
Application Forms
Registry Recheck
Applicants: Add New
Enter Pre-Emplo
Add License/Certification
Information from License/Certification
Please enter the License information as it appears on the License.
* Name: Millie Testaide
* License/Certification Type: OT/PT
* License/Certification #: AR1231234
* Status: Active
* Issue Date: 01/12/2011
Expiration Date: 01/31/2015
Address 1: 123 Pine Road
Address 2:
City: Little Rock
State: Arkansas
ZIP: 65321-
Cancel
Save
Millie Q Testaide,
Licenses/Certificat
Licensing Registrie
This individual doe
nse/Certification
Position Applied F
* Required
* Provic
* Position Categ
* Positi
* Employee Ty
Close Due to Invalid
Withdraw
Save and Close
Back
Next
walterjBeadlesPAM
UAT - Version: 20131209


Applicants: Add New
Enter Pre-Employment Information
Millie Q Testaide, XXX-XX-5554, 1/1/1961
Licenses/Certifications
Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry
Click the Select box for a license/certification listed below if it is (1) held by the applicant, (2) required in order to be hired for the position for which the applicant is applying, and (3) has an Active status. One or more items can be clicked.
If the applicant's license/certification is listed below but is no longer valid because it is Expired or Revoked, click the Close Due to Invalid License/Cert button at the bottom of the page to end this application.
If the position does not require a license/certification, one does not need to be selected.
Name on License
Address on License
License Type
License/Certification Type & Number
Status
Issue Date
Expiration Date
Source
Select
Millie Testaide
123 Pine Road
Little Rock, AR 65321
OT/PT
AR1231234
Active
01/12/2011
01/31/2015
User-Added
Add License/Certification
Position Applied For
* Required
* Provider: BEADLES
* Position Category: Technical
* Position: Nurse Aid
* Employee Type: Employee
Click the Select box for a license/certification listed if it is (1) held by the applicant, (2) required in order to be hired for the position for which the applicant is applying, and (3) has an Active status. One or more items may be shown and can be clicked.
Close Due to Invalid License/Cert
Withdraw
Save and Close
Back
Next



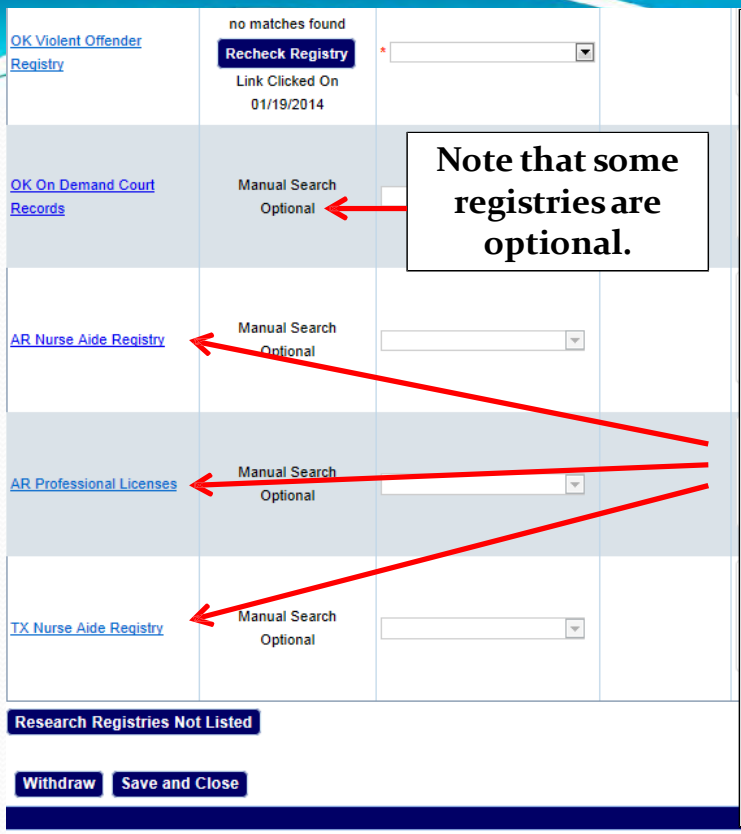
The application process requires the applicant to provide photo ID and written consent for the registry screening and fingerprint submission. Here the user confirms this was done. After checking this confirmation, click on "Next" to go to the Registry Screening function.



This is the Research Registries screen where you can check your applicant for a presence on the listings.

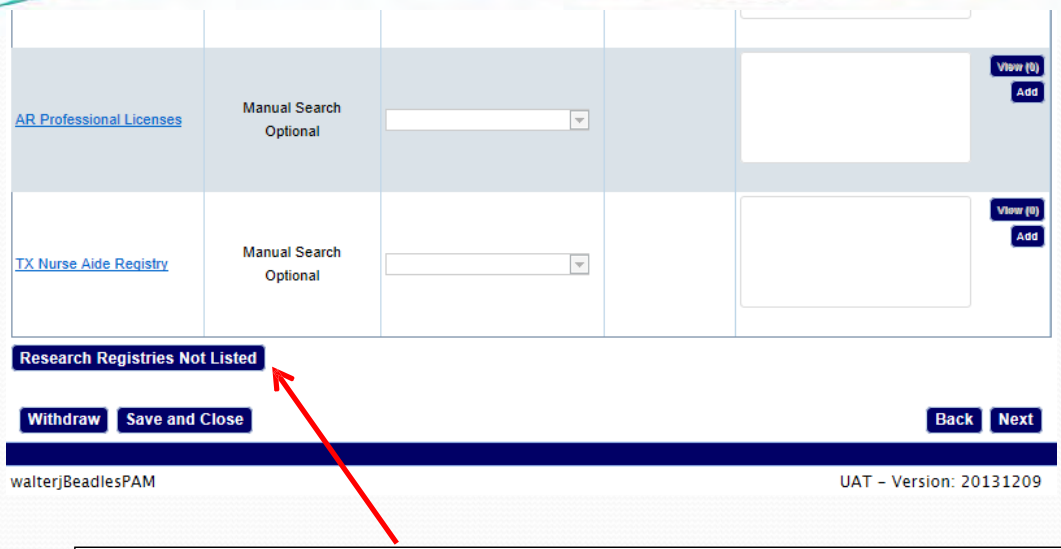
This drop-down will not be enabled until you click on the hyperlink to the corresponding registry.

Registries that are not auto-matched are searched by clicking the hyperlink to open a new web browser window. Click on the first registry listed which is a required registry search under the new law

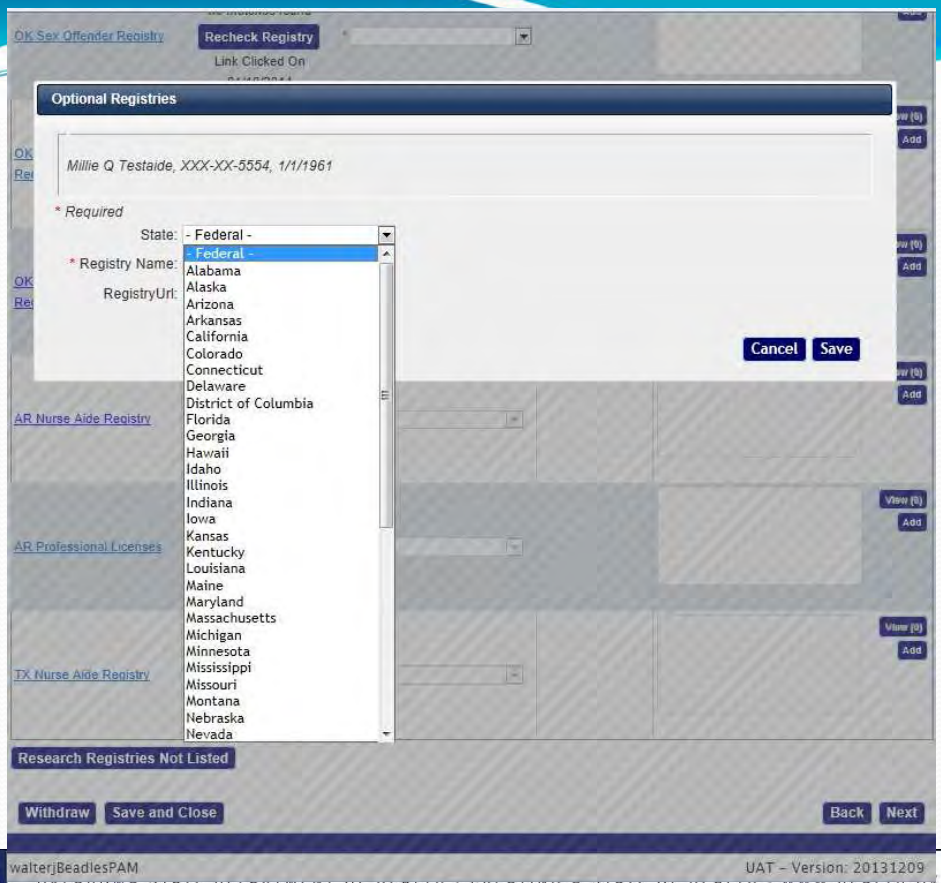


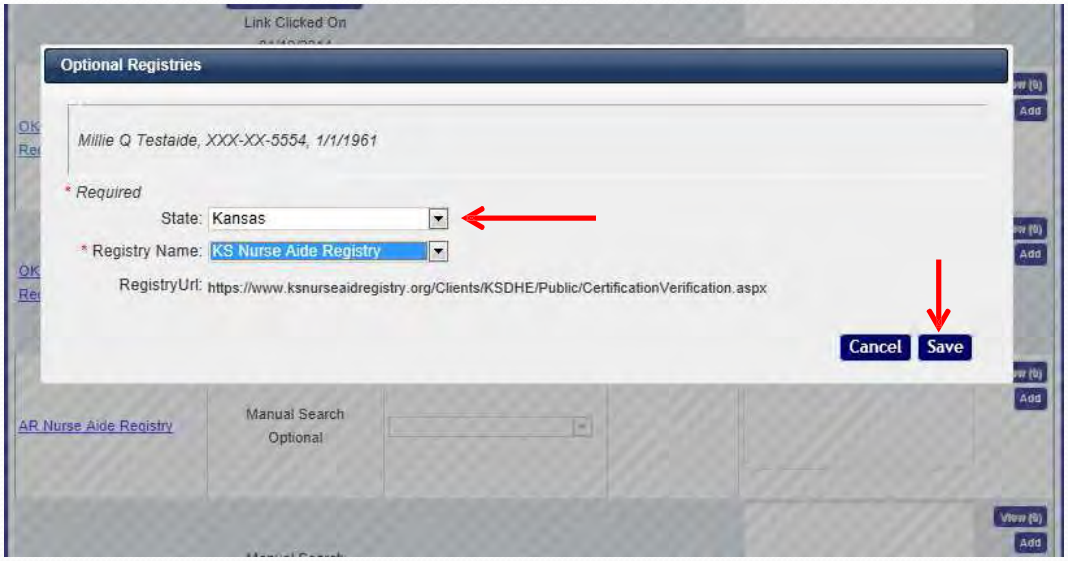
Note that some registries are optional.

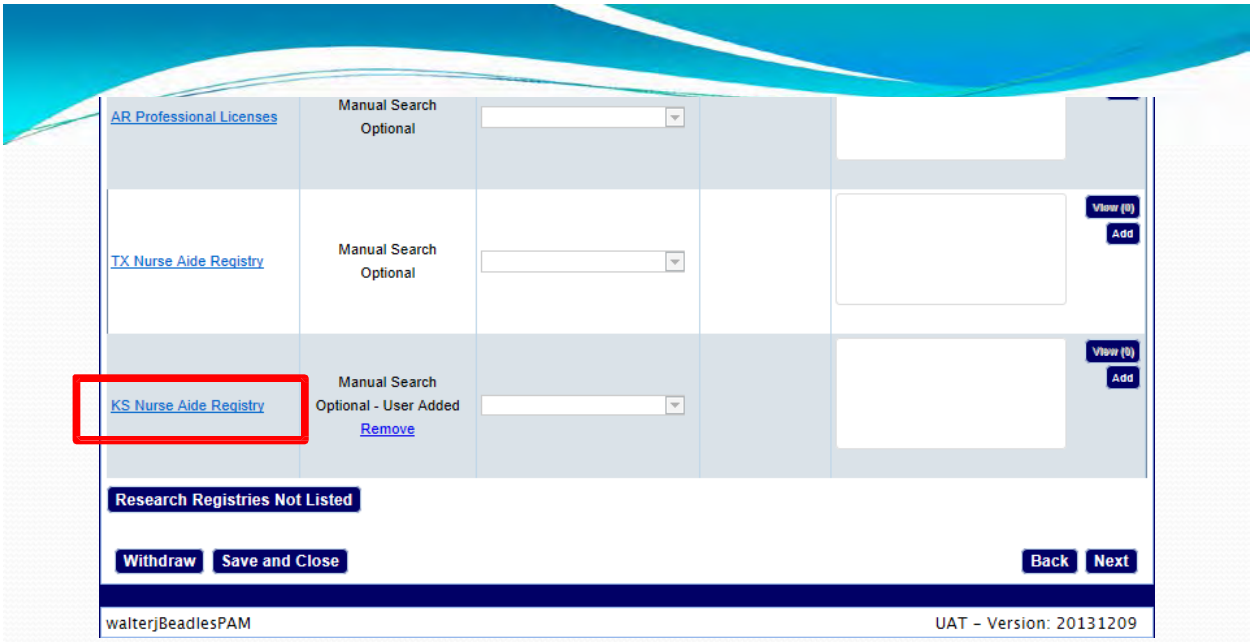
The Research Registries screen expands based on the addresses selected. In this example the nurse aide registries from Arkansas and Texas have been added based on our earlier selections. Note that some registries are optional.



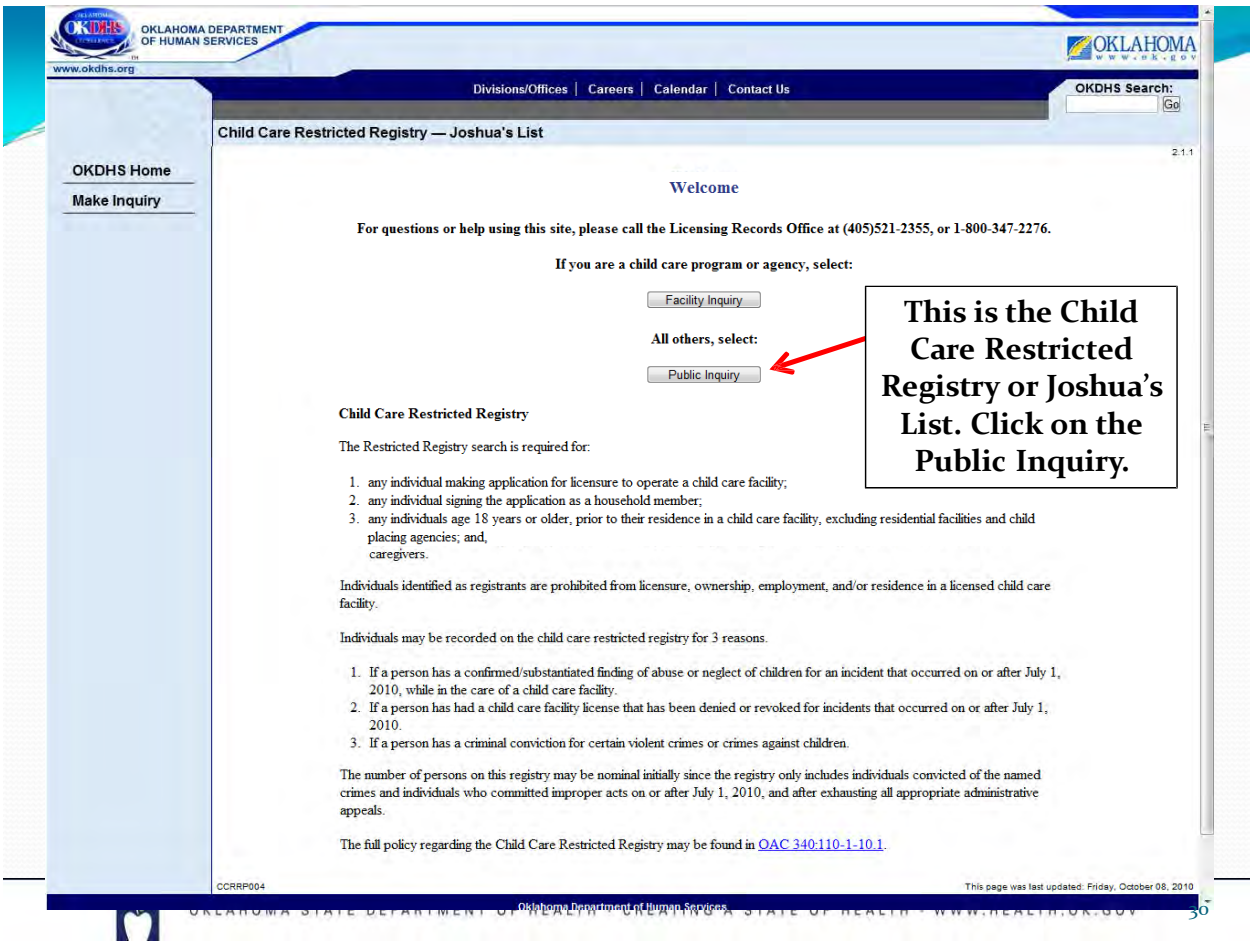
You may still add registries using the 'Research Registries Not Listed' button


OK Sex Offender Registry
Recheck Registry
Link Clicked On
Optional Registries
Millie Q Testaide, XXX-XX-5554, 1/1/1961
* Required
State: - Federal -
* Registry Name:
RegistryUrl:
- Federal -
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
Cancel
Save
AR Nurse Aide Registry
AR Professional Licenses
TX Nurse Aide Registry
Research Registries Not Listed
Withdraw
Save and Close
Back
Next
walterjBeadlesPAM
UAT - Version: 20131209

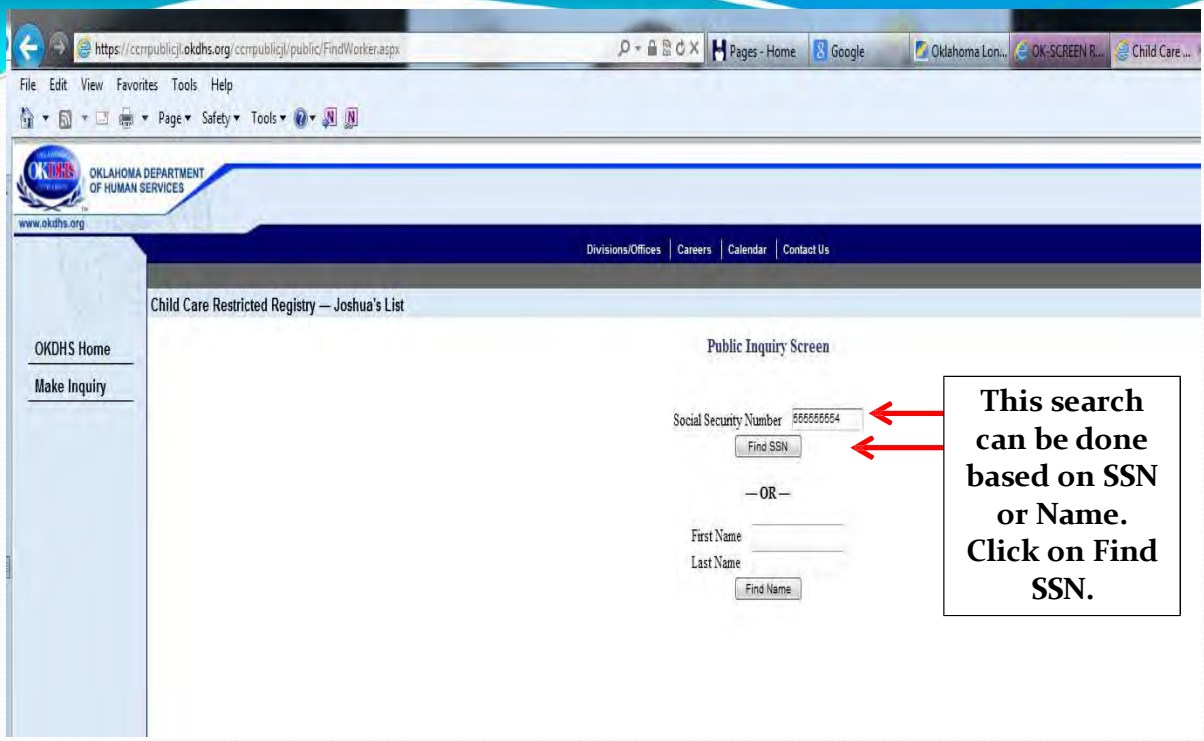

Link Clicked On
Optional Registries
Millie Q Testaide, XXX-XX-5554, 1/1/1961
* Required
State: Kansas
* Registry Name: KS Nurse Aide Registry
RegistryUrl: https://www.ksnurseaidregistry.org/Clients/KSDHE/Public/CertificationVerification.aspx
Cancel
Save
AR Nurse Aide Registry
Manual Search
Optional

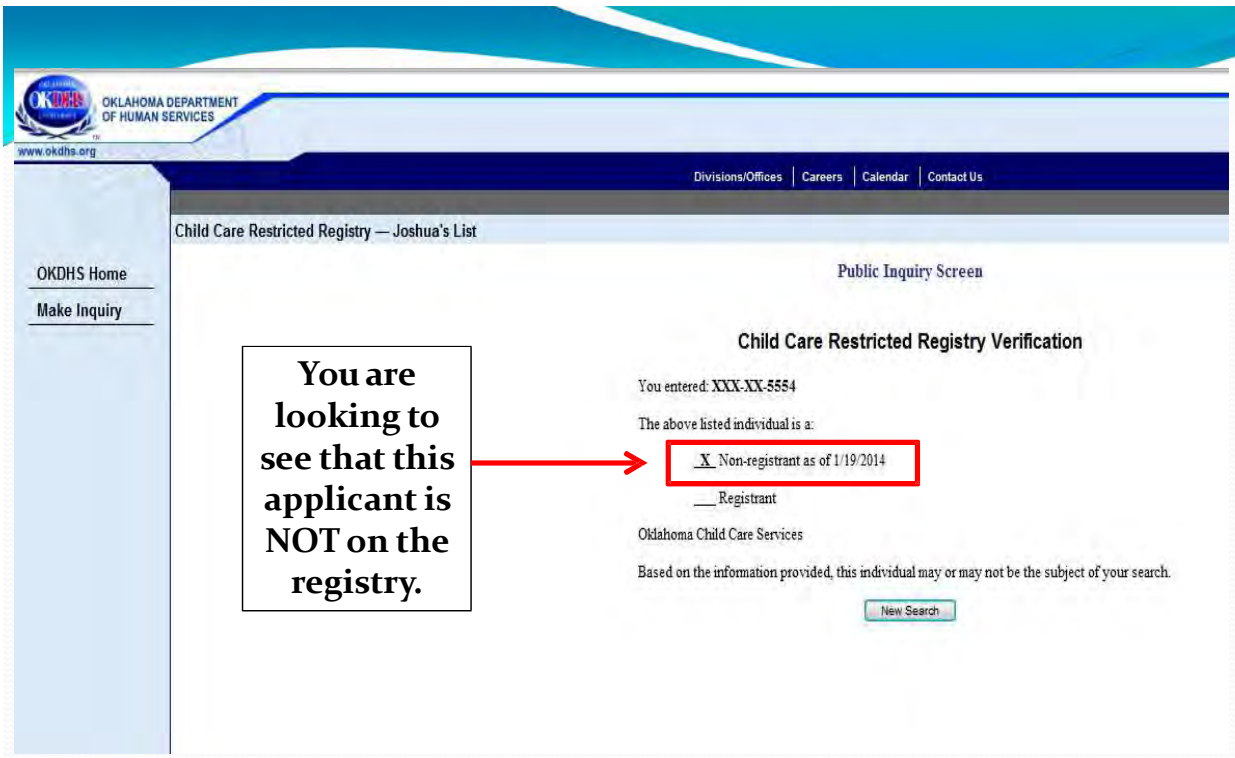


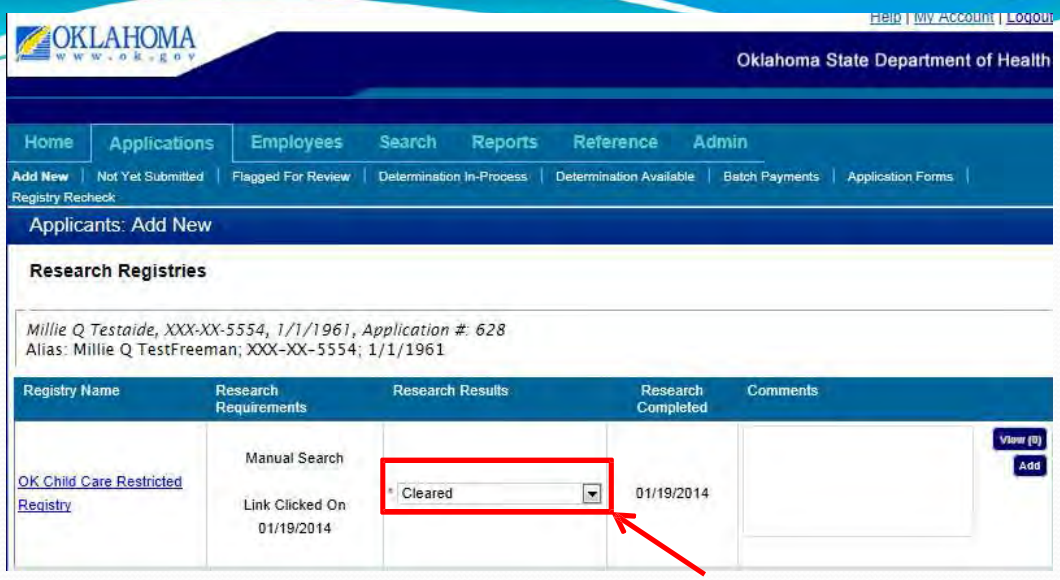
Notice that the KS Nurse Aide Registry now appears on the Registry Research page. We'll look at how to process the registries.



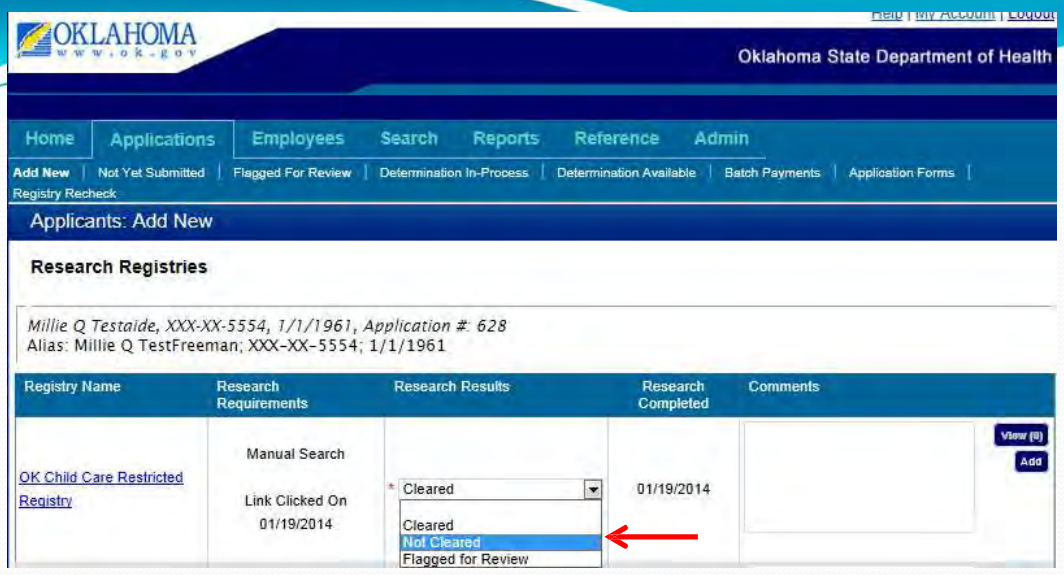
This is the Child Care Restricted Registry or Joshua's List. Click on the Public Inquiry.


https://ccrrpublicjl.okdhs.org/ccrrpublicjl/public/FindWorker.aspx
Pages - Home
Google
Oklahoma Lon...
OK-SCREEN R...
Child Care ...
File Edit View Favorites Tools Help
Page Safety Tools
OKLAHOMA DEPARTMENT OF HUMAN SERVICES
www.okdhs.org
Divisions/Offices | Careers | Calendar | Contact Us
Child Care Restricted Registry — Joshua's List
OKDHS Home
Make Inquiry
Public Inquiry Screen
Social Security Number 555555554
Find SSN
—OR—
First Name
Last Name
Find Name
This search can be done based on SSN or Name. Click on Find SSN.


OKLAHOMA DEPARTMENT OF HUMAN SERVICES
www.okdhs.org
Divisions/Offices | Careers | Calendar | Contact Us
Child Care Restricted Registry — Joshua's List
OKDHS Home
Make Inquiry
Public Inquiry Screen
Child Care Restricted Registry Verification
You entered: XXX-XX-5554
The above listed individual is a:
_X_ Non-registrant as of 1/19/2014
___ Registrant
Oklahoma Child Care Services
Based on the information provided, this individual may or may not be the subject of your search.
New Search
You are looking to see that this applicant is NOT on the registry.

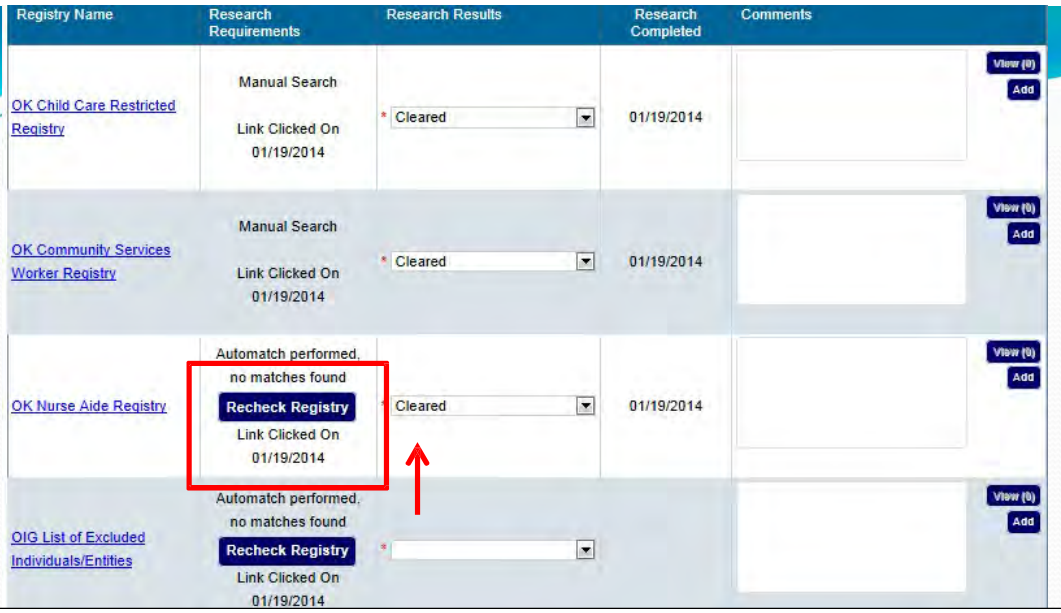


After a hyperlink has been activated its use is recorded in the '*Research Requirements*' column. The '*Research Results*' drop down list is now activated to record the results. Click on the down arrow and select "Cleared."

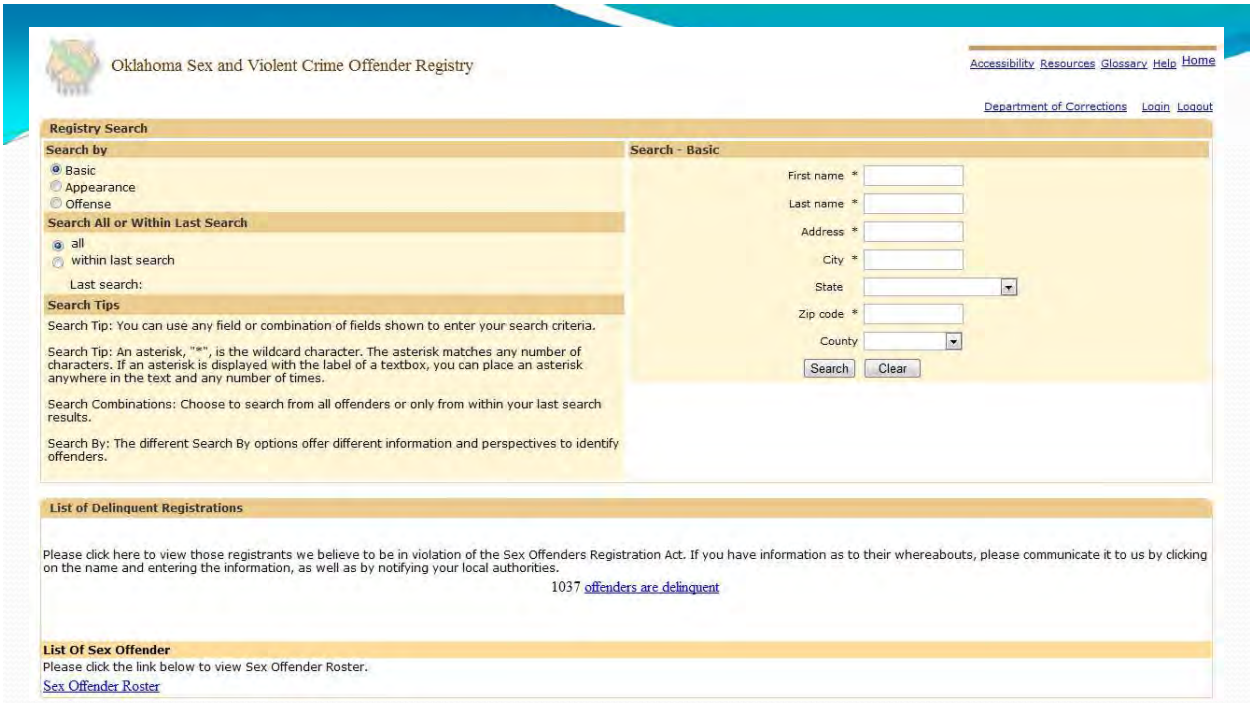


The options are '*Cleared,*' '*Not Cleared*' or '*Flagged for Review.*' For any selection, the date and time of selection is recorded along with the user account responsible for making the determination. We will select '*Not Cleared*' for the purposes of demonstration on the next slide.

If '*Not Cleared*' or '*Flagged for Review*' are selected, entries in the comment box are required as indicated by the red asterisks.



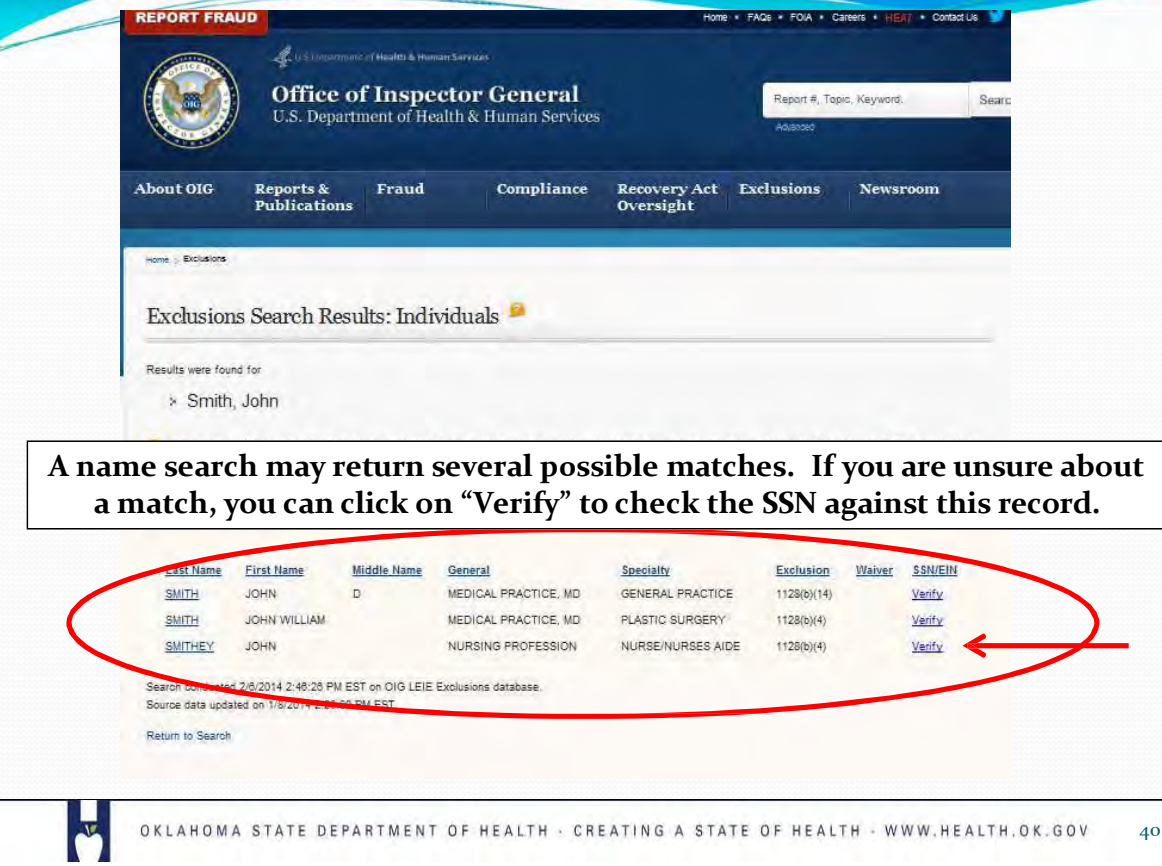
Where '*Auto-Match*' is shown this indicates the SSN is automatically checked against the database. A zero indicates there were no abuse findings matched on that SSN and the results may be marked '*cleared.*' You do not need to select the hyperlink where automatch is available, just use the drop down box.



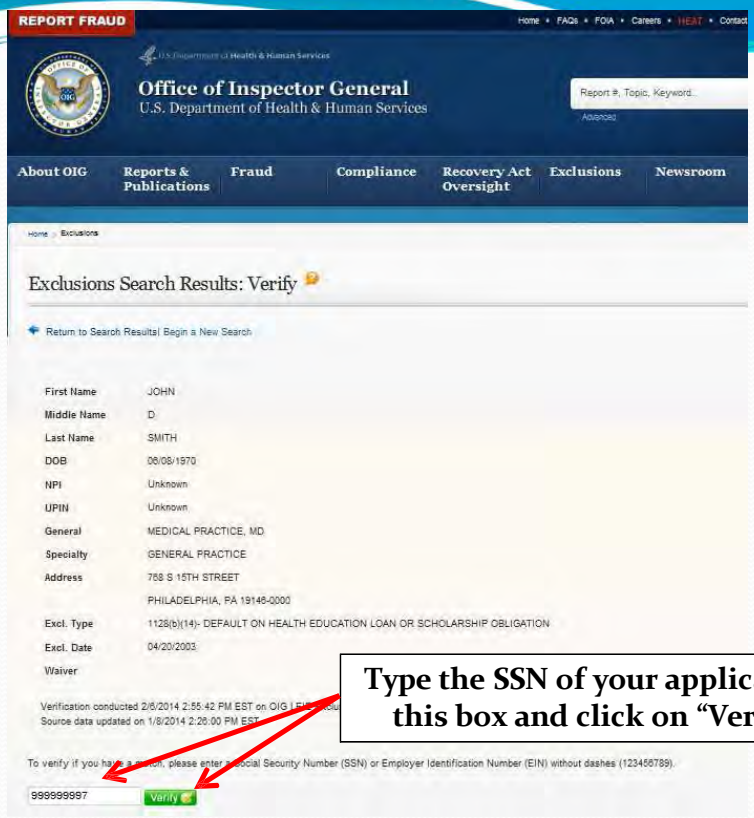
Screenshot of the Sex Offender Web browser. With automatch, you will not need to visit this web-page, it is optional.

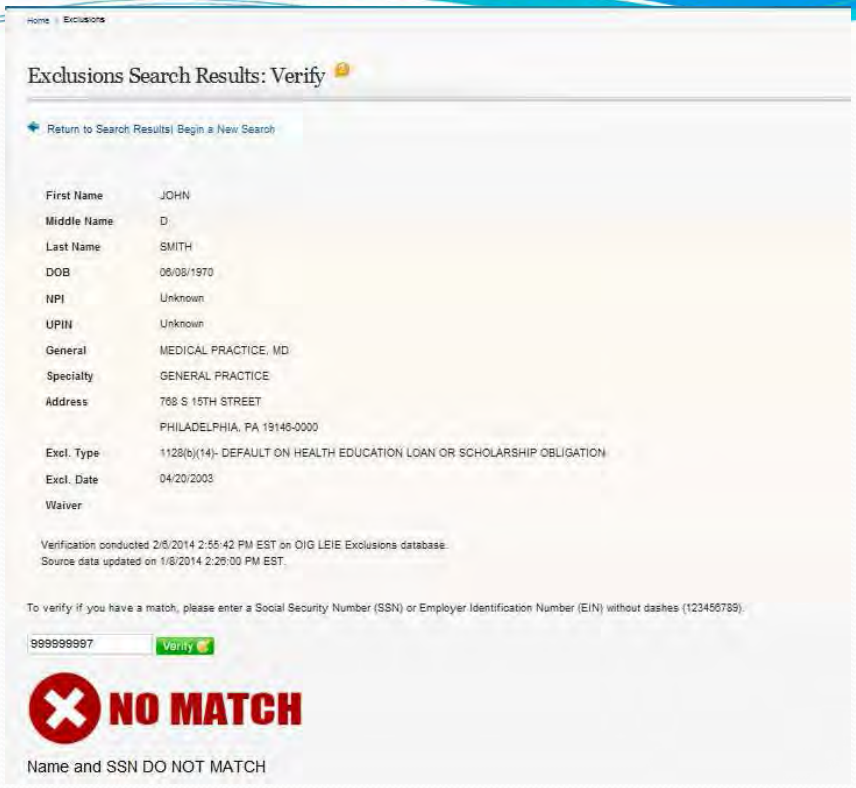
Screenshot of the List of Excluded Individuals/Entities Search. With automatch, you will not need to visit this web-page unless you have a name match. In which case, you will need to confirm by visiting the page to match on SSN.

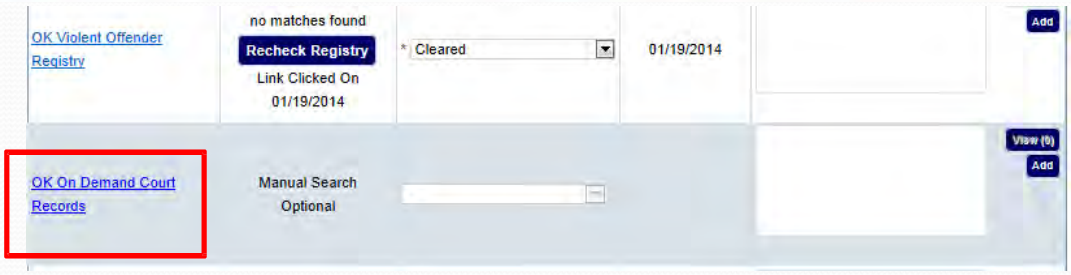
Here's the results screen capture from the List of Excluded Individuals/Entities Search. In OK-SCREEN, use the Ctrl-F4 key combination to quickly close a browser window and record the results.



A name search may return several possible matches. If you are unsure about a match, you can click on "Verify" to check the SSN against this record.

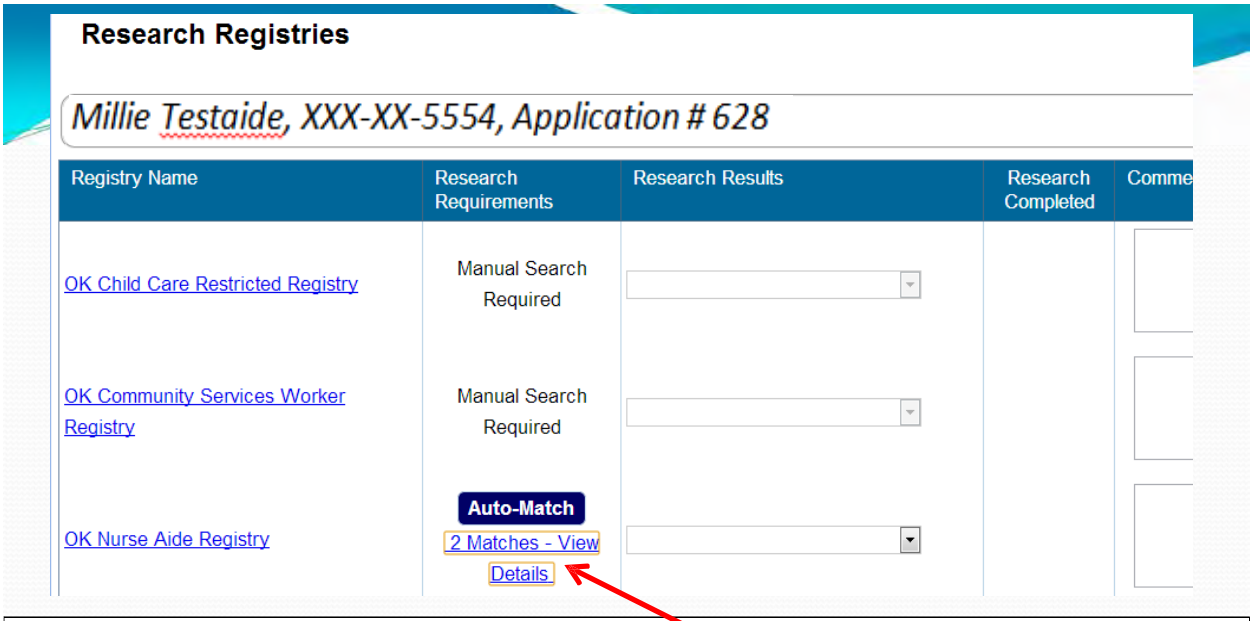

REPORT FRAUD
Office of Inspector General
U.S. Department of Health & Human Services
About OIG
Reports & Publications
Fraud
Compliance
Recovery Act Oversight
Exclusions
Newsroom
Exclusions Search Results: Verify
Return to Search Results| Begin a New Search
First Name JOHN
Middle Name D
Last Name SMITH
DOB 06/08/1970
NPI Unknown
UPIN Unknown
General MEDICAL PRACTICE, MD
Specialty GENERAL PRACTICE
Address 768 S 15TH STREET
PHILADELPHIA, PA 19146-0000
Excl. Type 1128(b)(14)- DEFAULT ON HEALTH EDUCATION LOAN OR SCHOLARSHIP OBLIGATION
Excl. Date 04/20/2003
Waiver
Verification conducted 2/6/2014 2:55:42 PM EST on OIG LEIE
Source data updated on 1/8/2014 2:26:00 PM EST
To verify if you have a match, please enter a Social Security Number (SSN) or Employer Identification Number (EIN) without dashes (123456789).
999999997
Verify
Type the SSN of your applicant in this box and click on "Verify."


Exclusions Search Results: Verify
Return to Search Results| Begin a New Search
First Name JOHN
Middle Name D
Last Name SMITH
DOB 06/08/1970
NPI Unknown
UPIN Unknown
General MEDICAL PRACTICE, MD
Specialty GENERAL PRACTICE
Address 768 S 15TH STREET
PHILADELPHIA, PA 19146-0000
Excl. Type 1128(b)(14)- DEFAULT ON HEALTH EDUCATION LOAN OR SCHOLARSHIP OBLIGATION
Excl. Date 04/20/2003
Waiver
Verification conducted 2/6/2014 2:55:42 PM EST on OIG LEIE Exclusions database.
Source data updated on 1/8/2014 2:26:00 PM EST.
To verify if you have a match, please enter a Social Security Number (SSN) or Employer Identification Number (EIN) without dashes (123456789).
999999997
Verify
NO MATCH
Name and SSN DO NOT MATCH

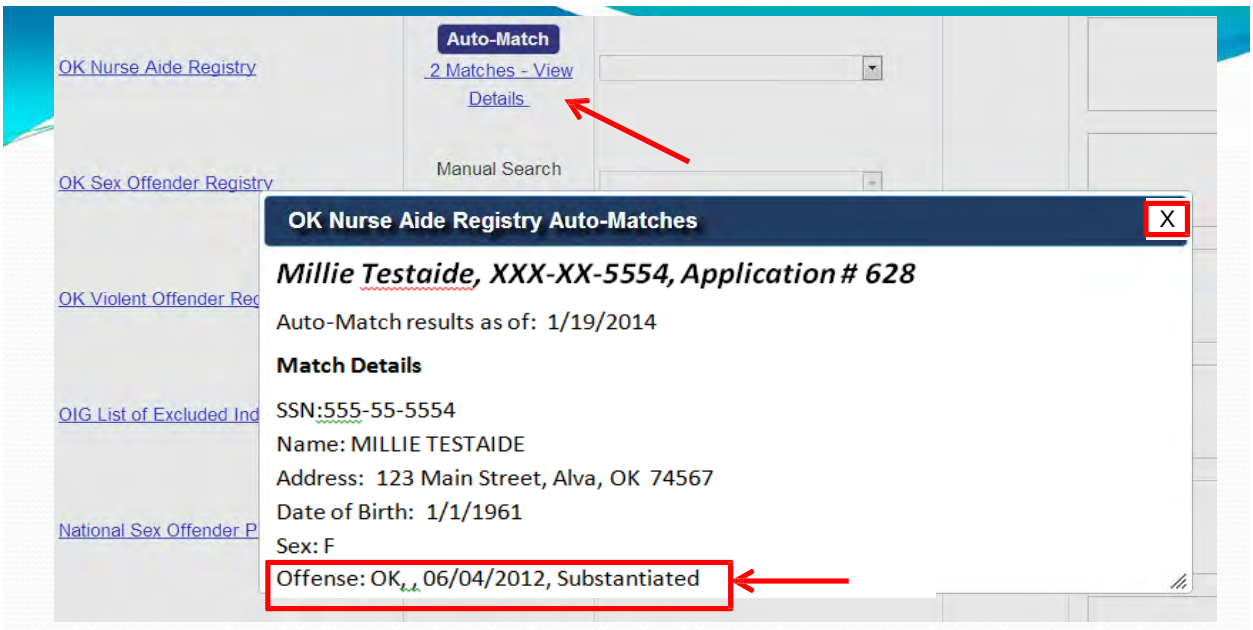


The OK On-Demand Court Records provide a name based manual search of Oklahoma Court Records

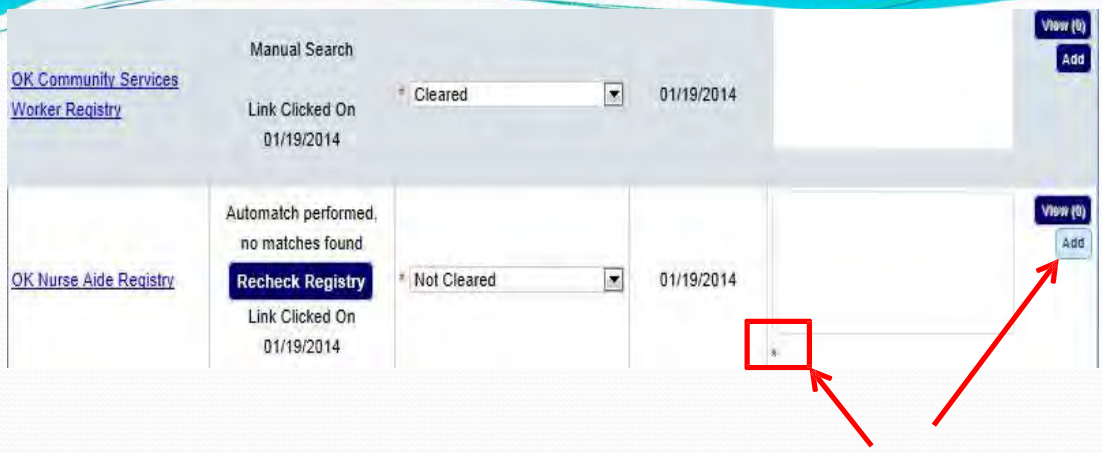
With a name based court records search you may find multiple matches on a name. You will need to compare other data such as middle name, date of birth, and address to confirm a match. That's why we're moving to a fingerprint based background check but this can be a valuable pre-screening tool.



When the '*Auto-Match*' has matches, this indicates there were negative findings matching the SSN. However, the OIG list auto-matches on name. Selecting the hyperlink opens the results window.

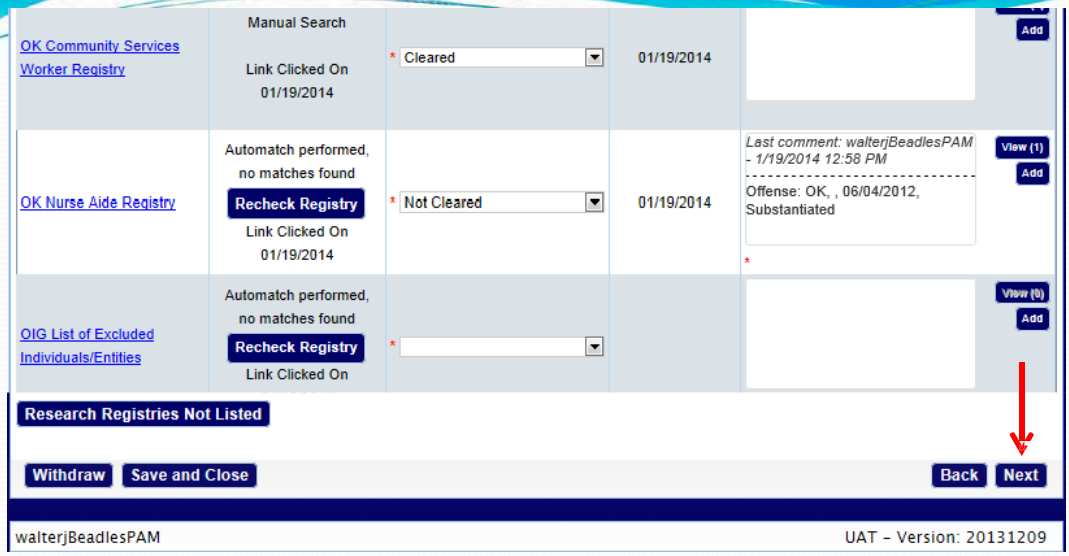


The red box indicates there was a substantiated finding as of 1/19/2014 posted to the Nurse Aide Abuse Registry. You can copy and paste this text to the comment box. Click the X to close the box and enter the finding.

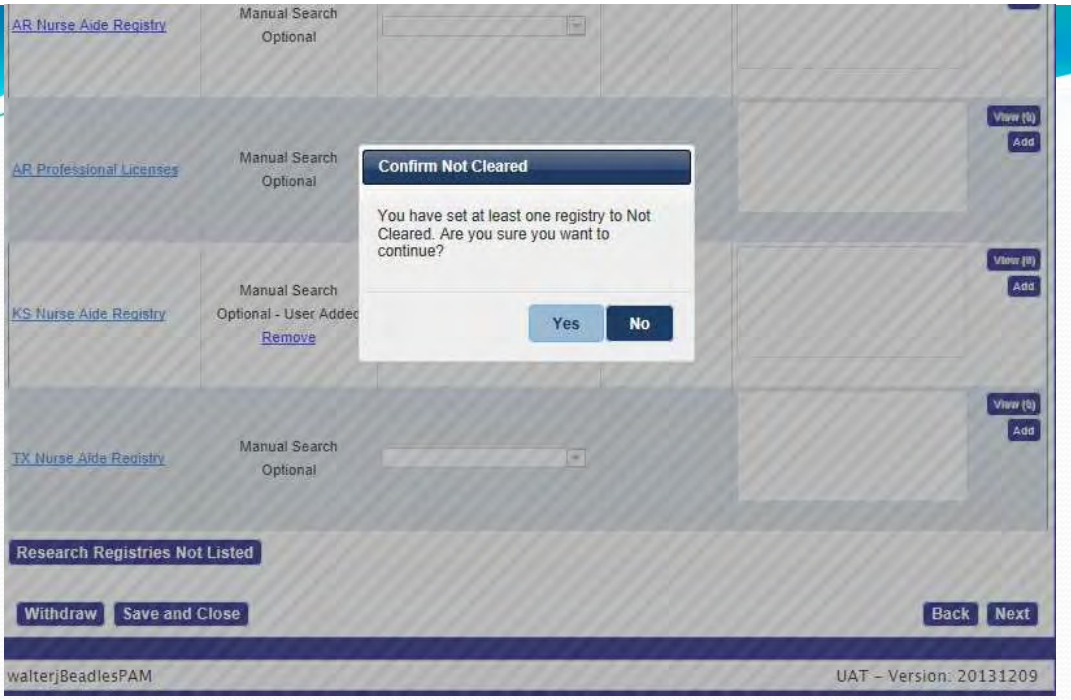


When you flag a registry as "Not Cleared," notice that the comment block becomes mandatory, as denoted by the red asterisk. Click on the "Add" button to add a comment. You can paste information into the box.

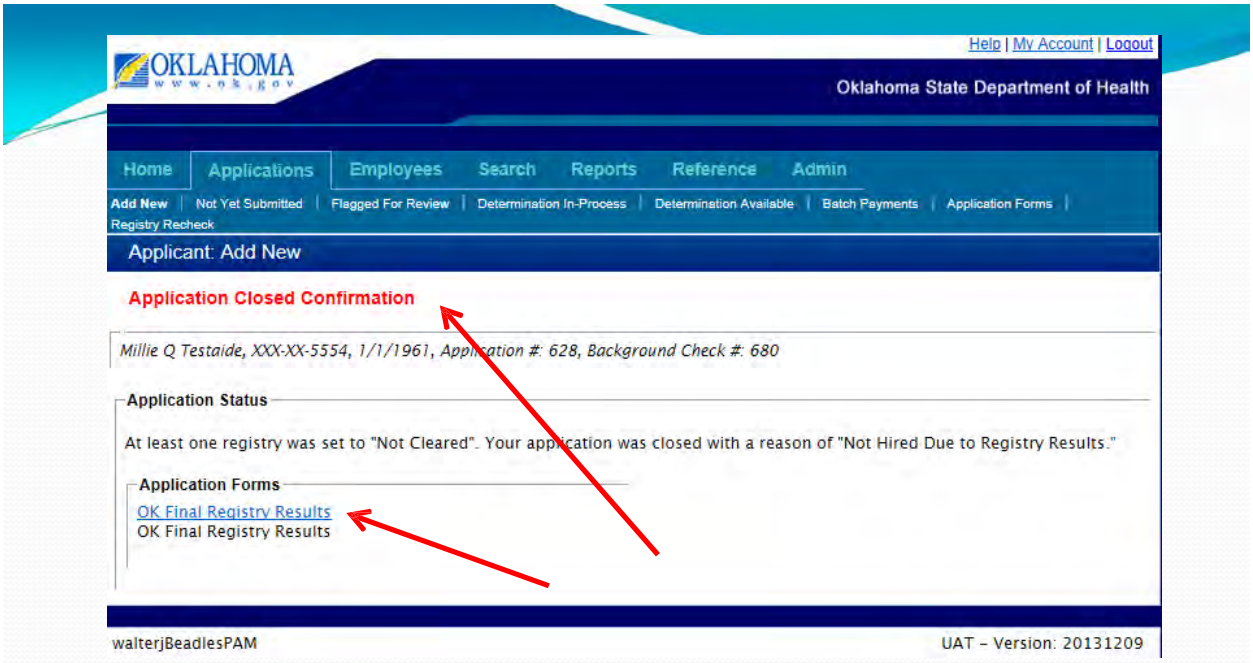
This is the dialog box that will appear when you click on the "Add" button. Enter the text and click on "Save."



When you return to the Registry Check screen, click on the "Next" button. This will close the application.



You will be asked if you are sure that you want to close the application that was not cleared. If this is correct, click on "Yes."



This is the confirmation that you have closed the application. Click on "OK Final Registry Results" hyperlink to open the report.

You will get the message below asking if you want to open or save the OK Final Registry Results report. We'll open it.

Final Registry Results Form

1/19/2014 1:39:38 PM

BEADLES NURSING HOME (NH7601)
916 NOBLE
ALVA, OK 73717

OK-SCREEN
Oklahoma Screening and Registry Employee Evaluation Network
http://onbc.health.ok.gov
Oklahoma State Department of Health
1000 NE 10th
Oklahoma City, OK 73117
855-584-3550

580-327-1274

Application Detail related to Licensing and any Registry Events that may be associated with this Person.

Applicant Information

Application #:	628		
Name:	Millie Q Testaide	SSN:	XXX-XX-5554
Address:	123 Main Street	Date of Birth:	1/1/1961
	Alva, OK 74567	Race:	White
		Gender:	Female
County:		Eye Color:	Brown
Place of Birth:	US: California	Hair Color:	Brown
		Weight:	125
		Height:	5'4"

OK Child Care Restricted Registry

Registry URL:	https://ccrrpublicjl.okdhs.org/ccrrpublicjl/public/
Registry Contact:	Licensing Records Office
Registry Contact Phone #:	800-347-2276
Registry Contact Email:	

This is the first page of a several-page report. Its length will depend on the registries that you may have added. Note identifiers for the provider, OK-Screen and the applicant.

Research Completed on:	1/19/2014
Research Completed by:	Walter Jacques
Research Results:	Cleared
Provider Notes:	

If you dispute the findings shown for the registry indicated contact the phone number provided.

OK Nurse Aide & Non-Technical Service Worker Abuse Registry

Registry URL:	http://www.ok.gov/health/pub/wrapper/naverify.html
Registry Contact:	
Registry Contact Phone #:	405-271-4085
Registry Contact Email:	nar@health.ok.gov
Research Completed on:	1/19/2014
Research Completed by:	Walter Jacques
Research Results:	Not Cleared
Provider Notes:	walterjBeadlesPAM 1/19/2014 12:58:54 PM Offense: OK, , 06/04/2012, Substantiated

If you dispute the findings shown for the registry indicated contact the phone number provided.

OIG List of Excluded Individuals/Entities

Registry URL:	http://exclusions.oig.hhs.gov
Registry Contact:	Joanne Francis
Registry Contact Phone #:	410-281-3069
Registry Contact Email:	

Note the annotation from the Oklahoma Nurse Aide Registry.

OK On Demand Court Records

Registry URL:	http://www1.odcr.com/
Registry Contact:	
Registry Contact Phone #:	
Registry Contact Email:	
Research Completed on:	
Research Completed by:	
Research Results:	Registry Not Checked
Provider Notes:	

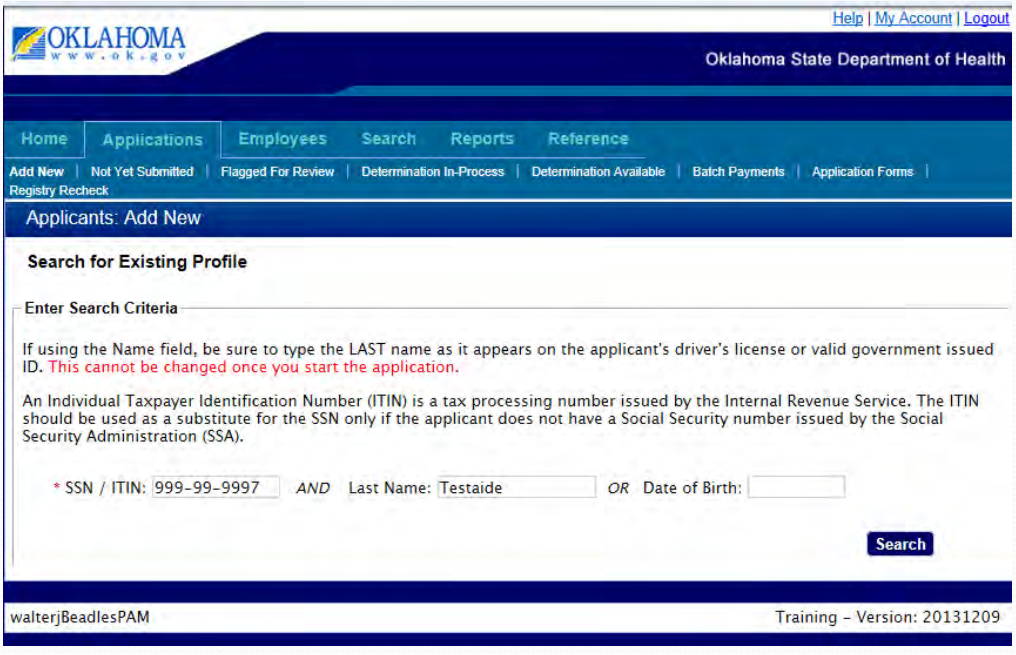
If you dispute the findings shown for the registry indicated contact the phone number provided.

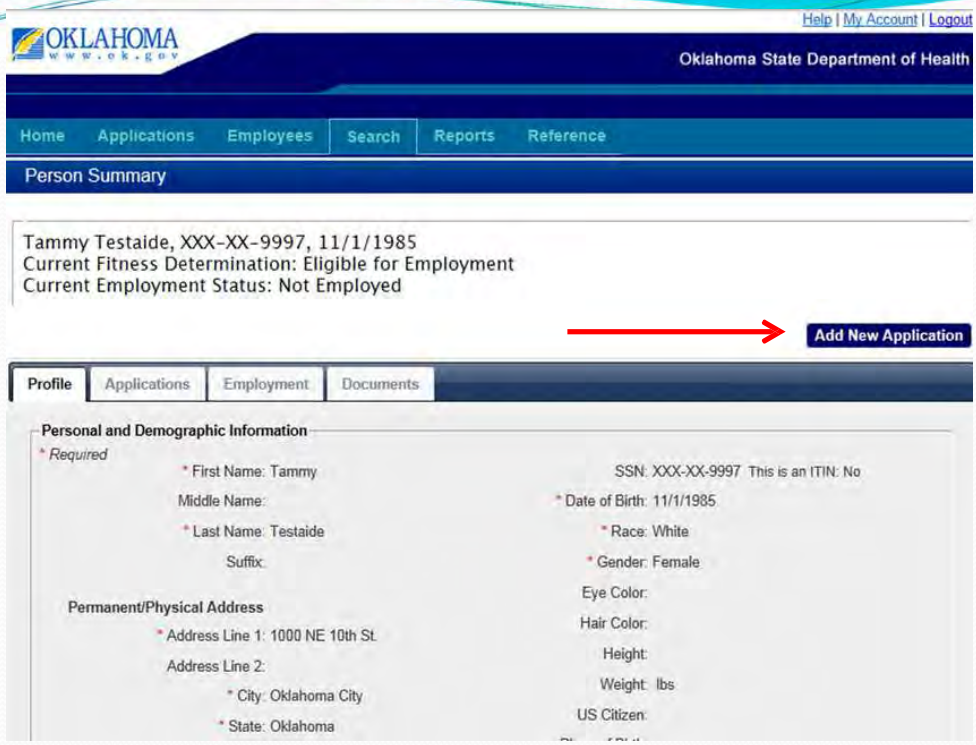
AR Nurse Aide Registry

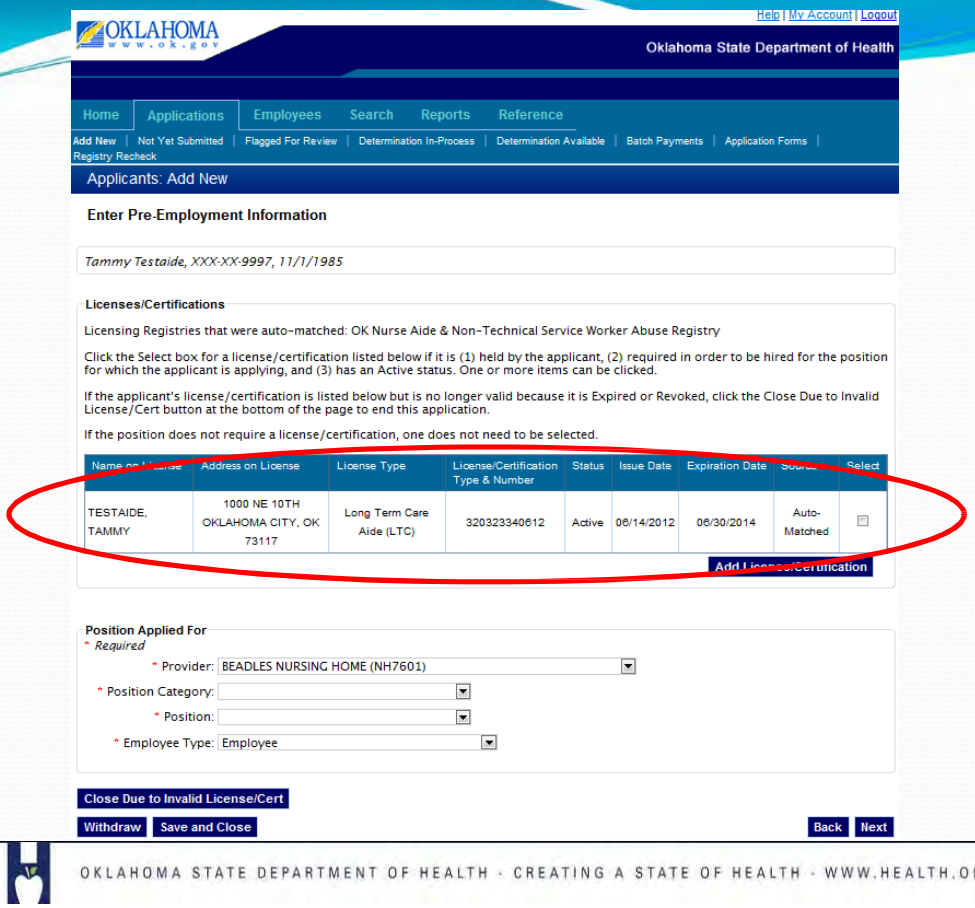
Registry URL:	https://registry.prometric.com/registry/publicARK
Registry Contact:	
Registry Contact Phone #:	501-682-1807
Registry Contact Email:	
Research Completed on:	
Research Completed by:	
Research Results:	Registry Not Checked
Provider Notes:	

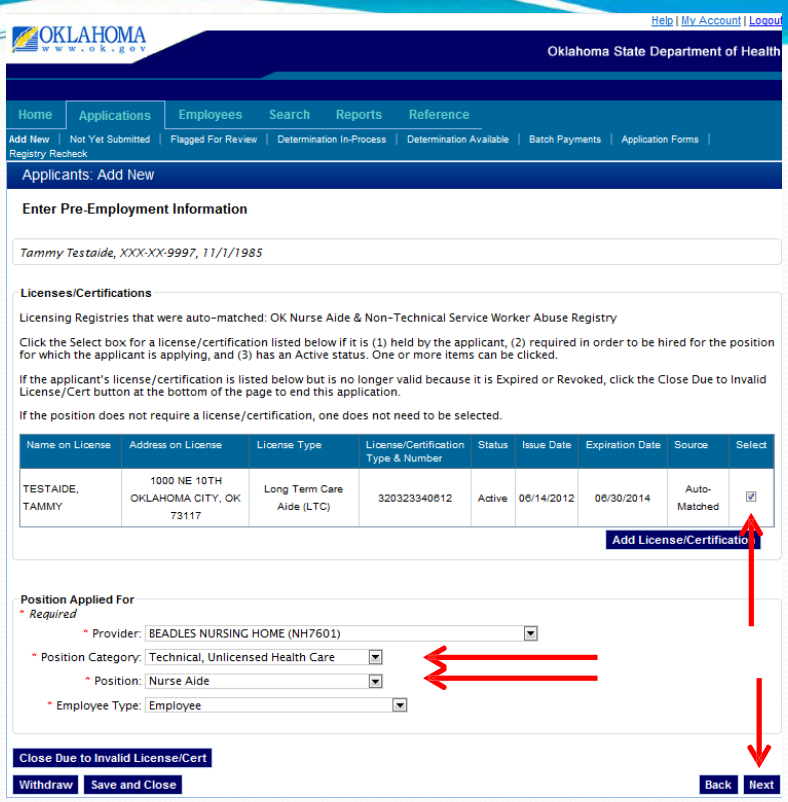
Note that some of the registries were not checked because the review was halted after a negative finding. Each registry includes contact information.

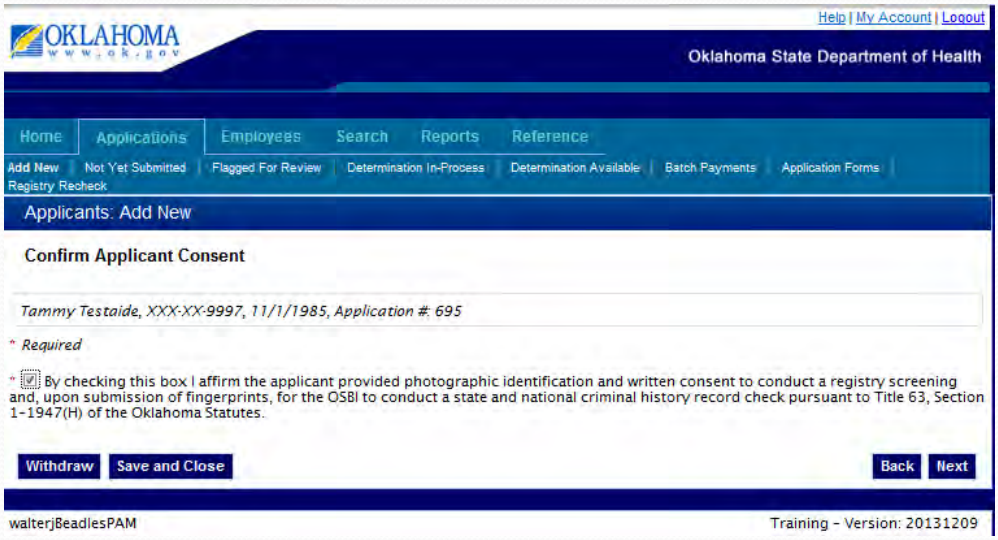
Adding an applicant that is already in OK-SCREEN



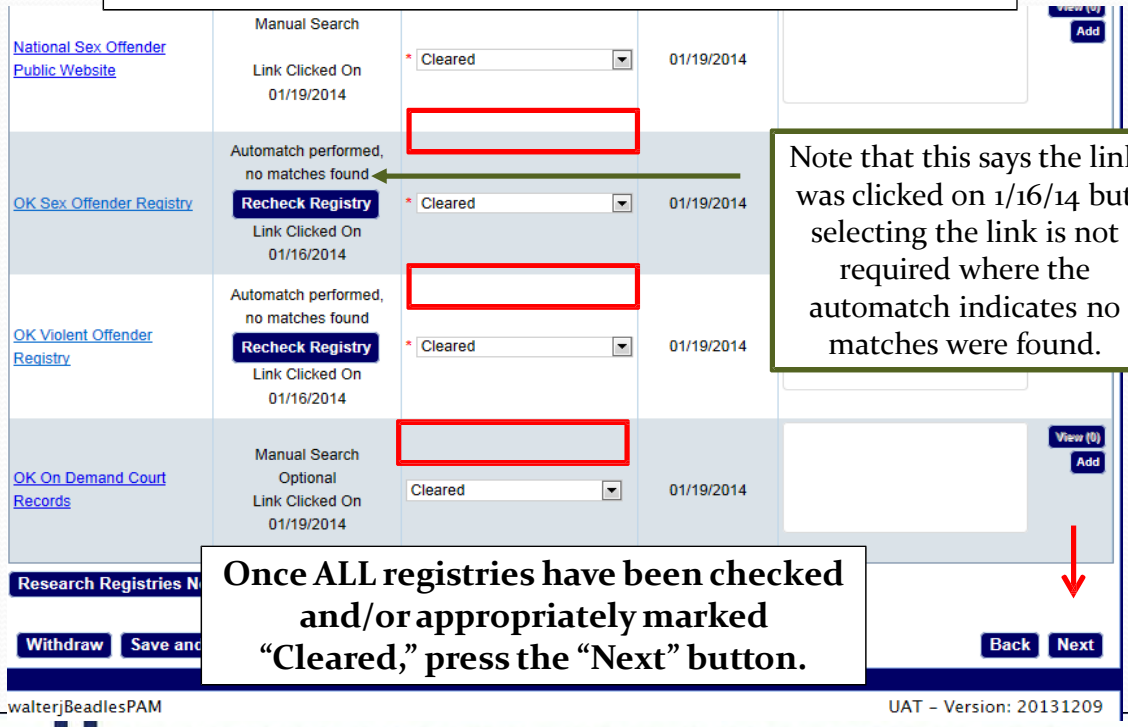

Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Person Summary
Tammy Testaide, XXX-XX-9997, 11/1/1985
Current Fitness Determination: Eligible for Employment
Current Employment Status: Not Employed
Add New Application
Profile
Applications
Employment
Documents
Personal and Demographic Information
* Required
* First Name: Tammy
Middle Name:
* Last Name: Testaide
Suffix:
SSN: XXX-XX-9997 This is an ITIN: No
* Date of Birth: 11/1/1985
* Race: White
* Gender: Female
Eye Color:
Hair Color:
Height:
Weight: lbs
US Citizen:
Permanent/Physical Address
* Address Line 1: 1000 NE 10th St.
Address Line 2:
* City: Oklahoma City
* State: Oklahoma


Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Enter Pre-Employment Information
Tammy Testaide, XXX-XX-9997, 11/1/1985
Licenses/Certifications
Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry
Click the Select box for a license/certification listed below if it is (1) held by the applicant, (2) required in order to be hired for the position for which the applicant is applying, and (3) has an Active status. One or more items can be clicked.
If the applicant's license/certification is listed below but is no longer valid because it is Expired or Revoked, click the Close Due to Invalid License/Cert button at the bottom of the page to end this application.
If the position does not require a license/certification, one does not need to be selected.
Address on License
License Type
License/Certification Type & Number
Status
Issue Date
Expiration Date
Select
TESTAIDE, TAMMY
1000 NE 10TH OKLAHOMA CITY, OK 73117
Long Term Care Aide (LTC)
320323340612
Active
06/14/2012
06/30/2014
Auto-Matched
Position Applied For
* Required
* Provider: BEADLES NURSING HOME (NH7601)
* Position Category:
* Position:
* Employee Type: Employee
Close Due to Invalid License/Cert
Withdraw
Save and Close
Back
Next


Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Enter Pre-Employment Information
Tammy Testaide, XXX-XX-9997, 11/1/1985
Licenses/Certifications
Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry
Click the Select box for a license/certification listed below if it is (1) held by the applicant, (2) required in order to be hired for the position for which the applicant is applying, and (3) has an Active status. One or more items can be clicked.
If the applicant's license/certification is listed below but is no longer valid because it is Expired or Revoked, click the Close Due to Invalid License/Cert button at the bottom of the page to end this application.
If the position does not require a license/certification, one does not need to be selected.
Name on License
Address on License
License Type
License/Certification Type & Number
Status
Issue Date
Expiration Date
Source
Select
TESTAIDE, TAMMY
1000 NE 10TH OKLAHOMA CITY, OK 73117
Long Term Care Aide (LTC)
320323340612
Active
06/14/2012
06/30/2014
Auto-Matched
Add License/Certificatio
Position Applied For
* Required
* Provider: BEADLES NURSING HOME (NH7601)
* Position Category: Technical, Unlicensed Health Care
* Position: Nurse Aide
* Employee Type: Employee
Close Due to Invalid License/Cert
Withdraw
Save and Close
Back
Next

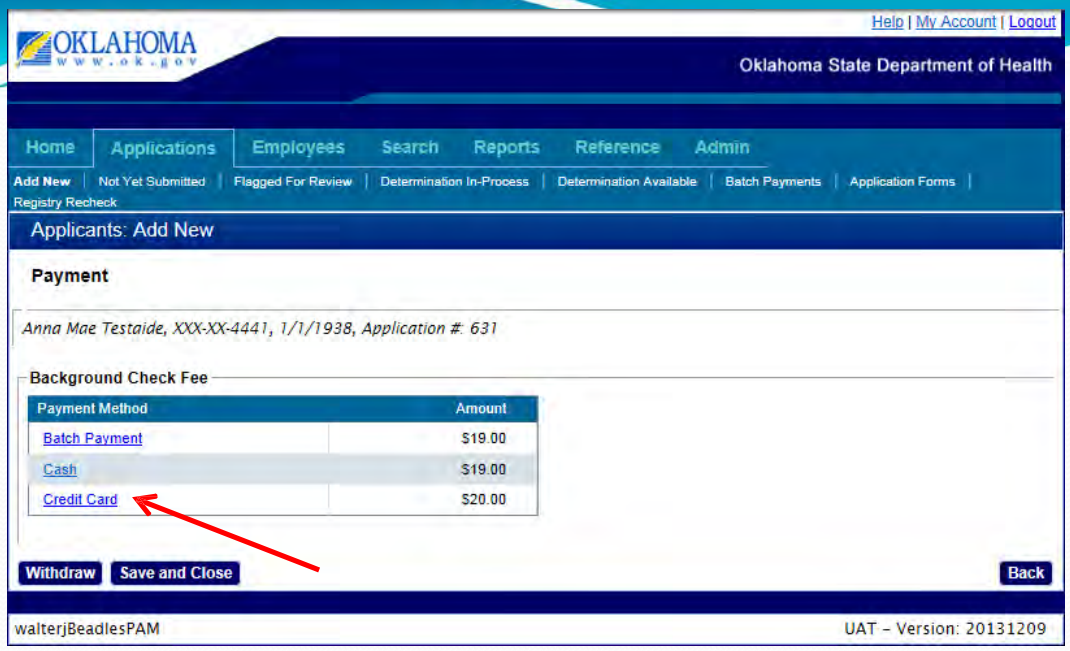

Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Confirm Applicant Consent
Tammy Testaide, XXX-XX-9997, 11/1/1985, Application #: 695
* Required
* By checking this box I affirm the applicant provided photographic identification and written consent to conduct a registry screening and, upon submission of fingerprints, for the OSBI to conduct a state and national criminal history record check pursuant to Title 63, Section 1-1947(H) of the Oklahoma Statutes.
Withdraw
Save and Close
Back
Next
walterjBeadlesPAM
Training - Version: 20131209

Processing an applicant with no findings on the Registry Checks (all come back "Cleared").

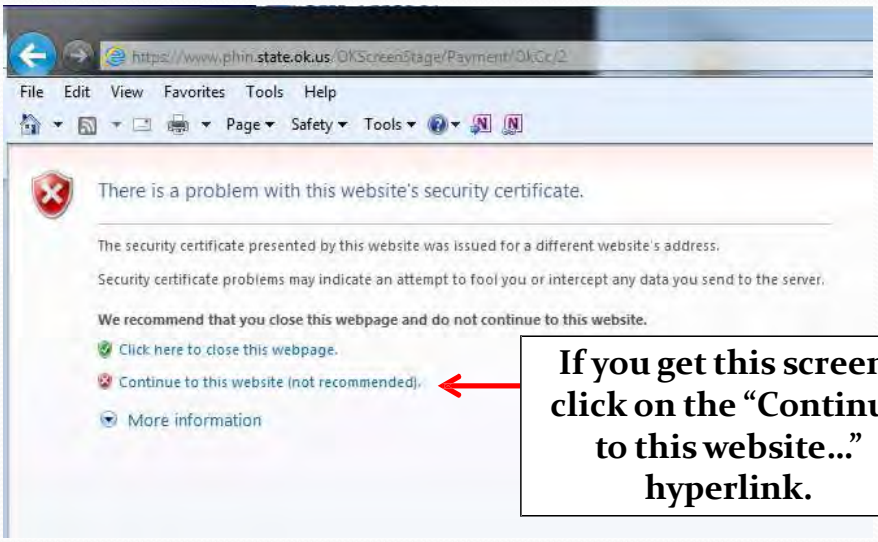


Note that this says the link was clicked on 1/16/14 but selecting the link is not required where the automatch indicates no matches were found.

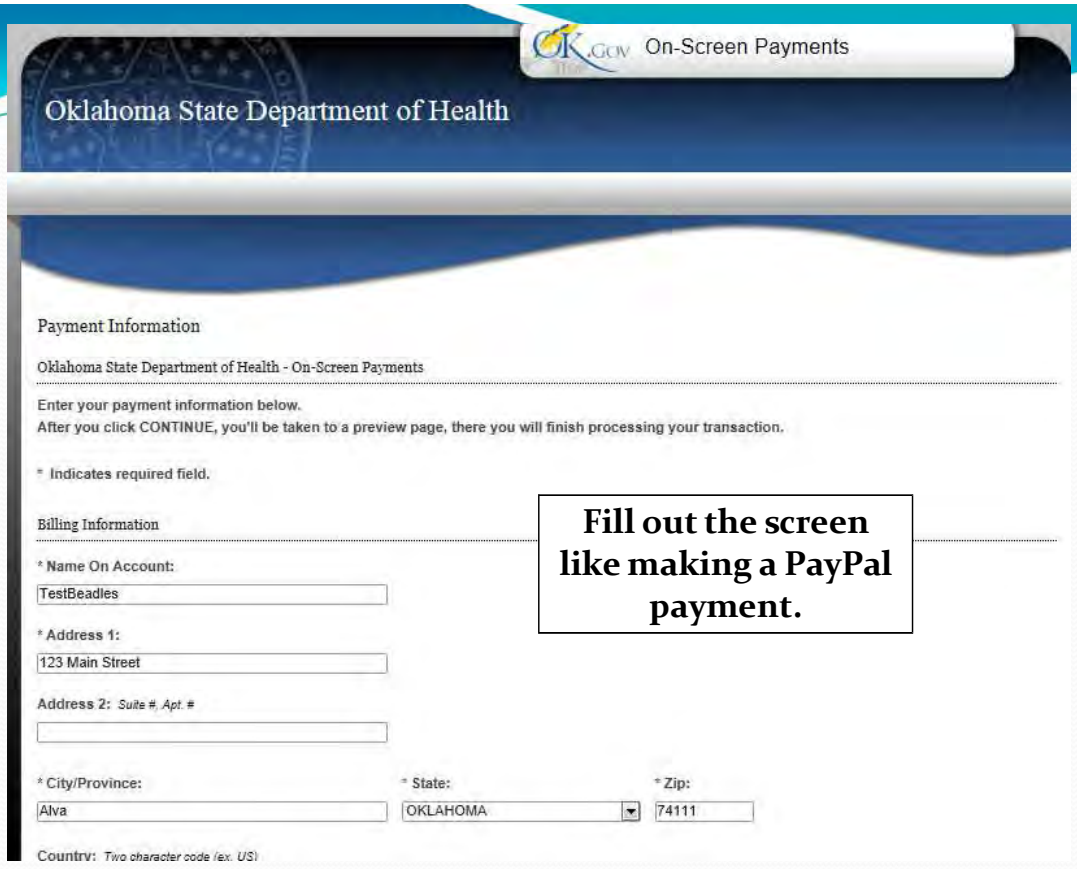
Once ALL registries have been checked and/or appropriately marked "Cleared," press the "Next" button.



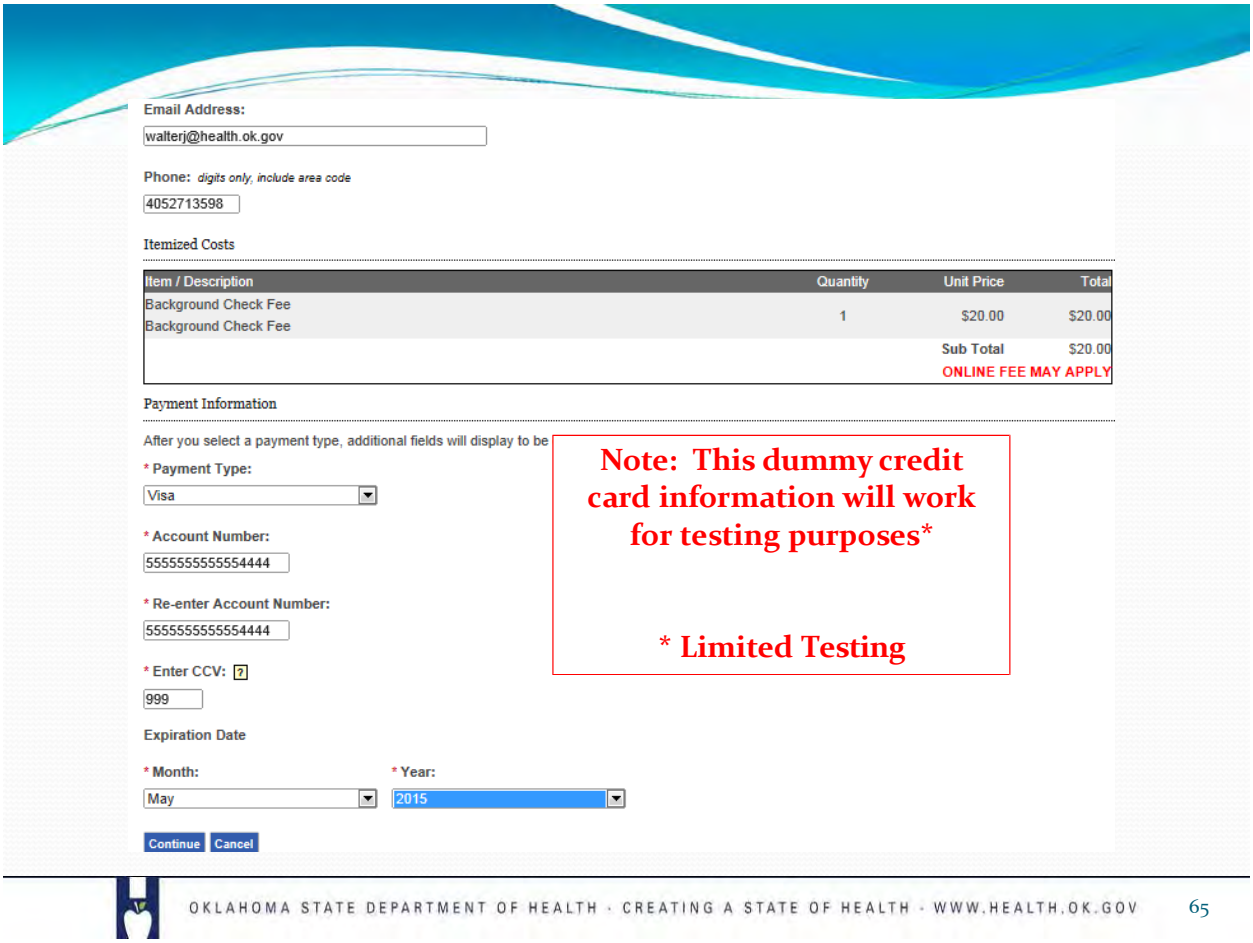
A *CLEAN* registry review generates the above screen. From here, you can pay to initiate the electronic fingerprinting. We'll select the "Credit Card" hyperlink to make the payment.

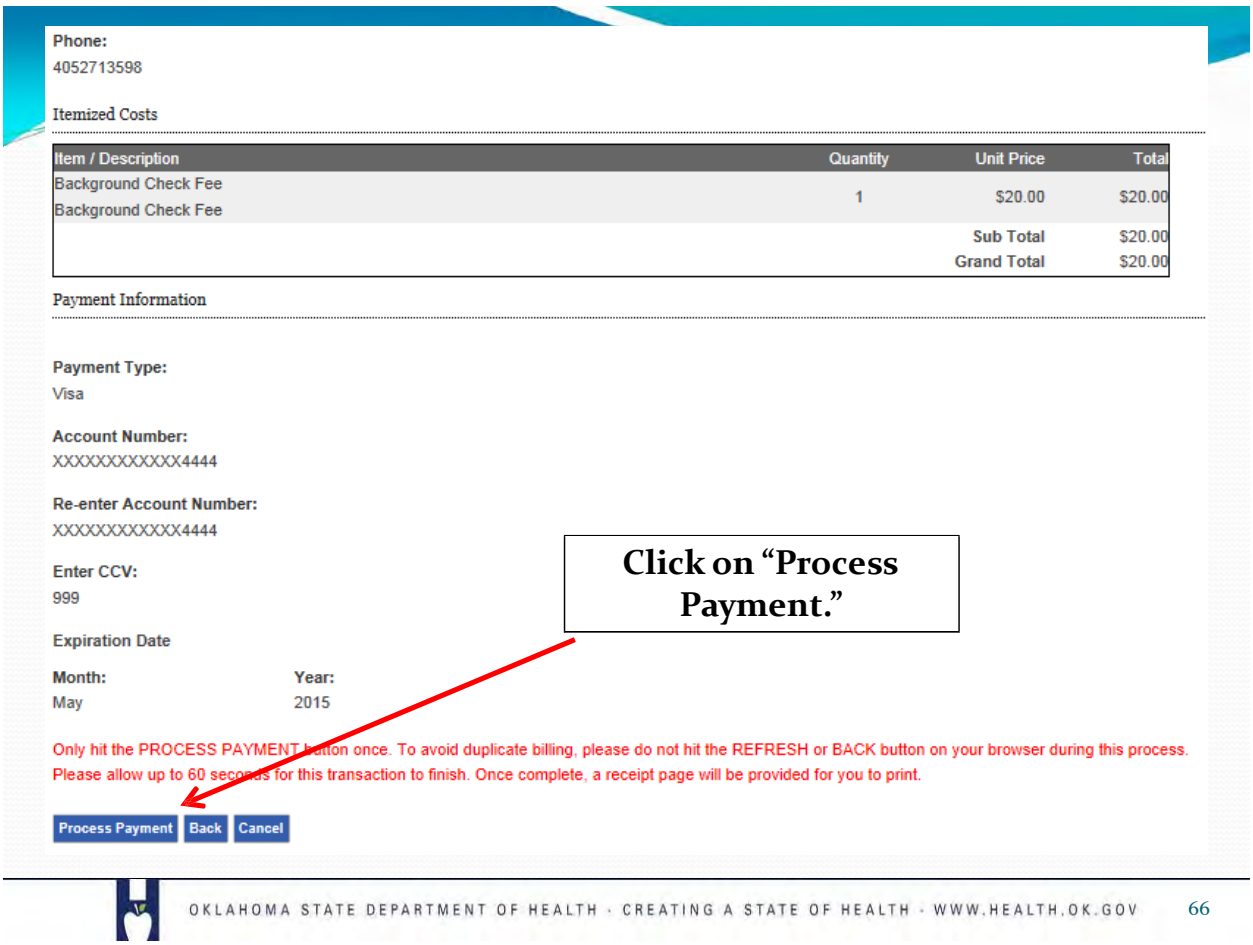


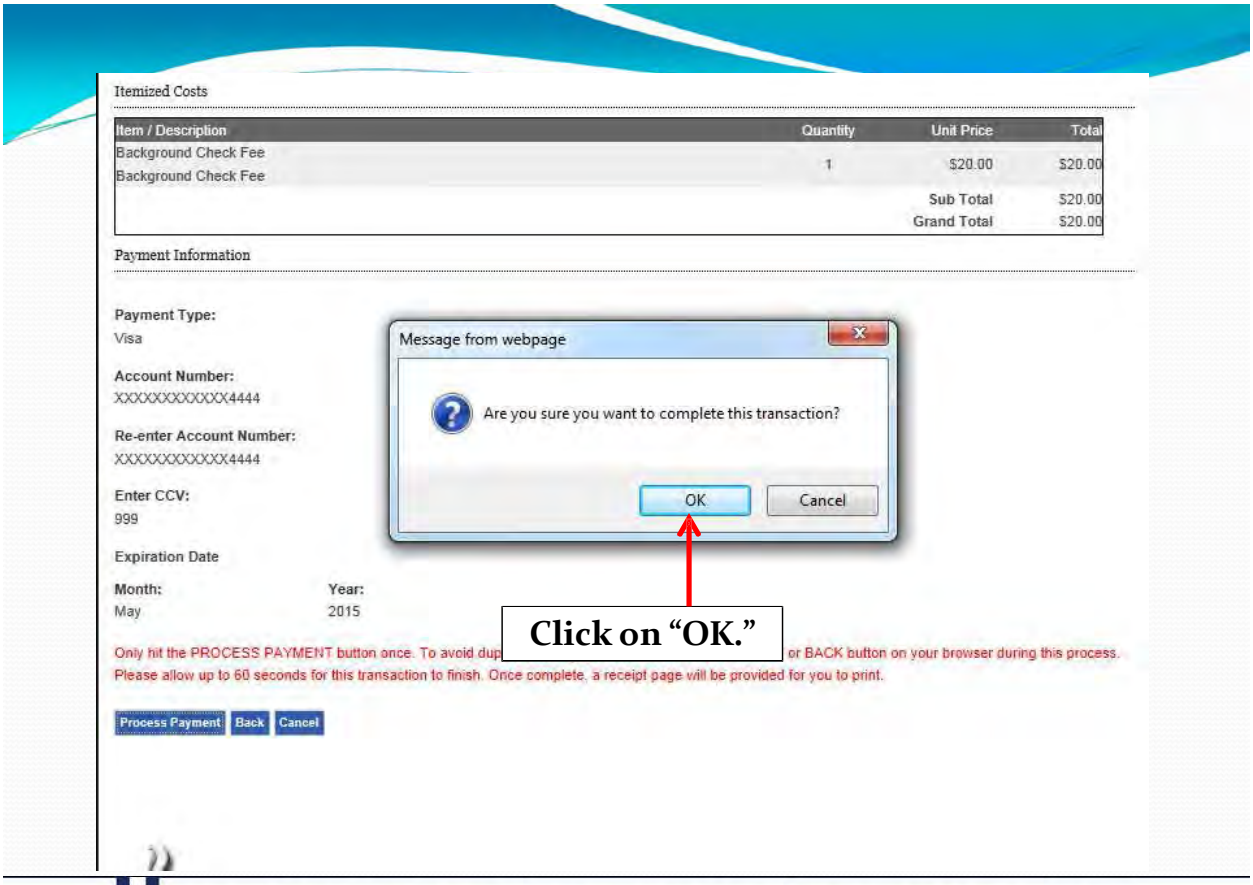
If you get this screen, click on the "Continue to this website…" hyperlink.

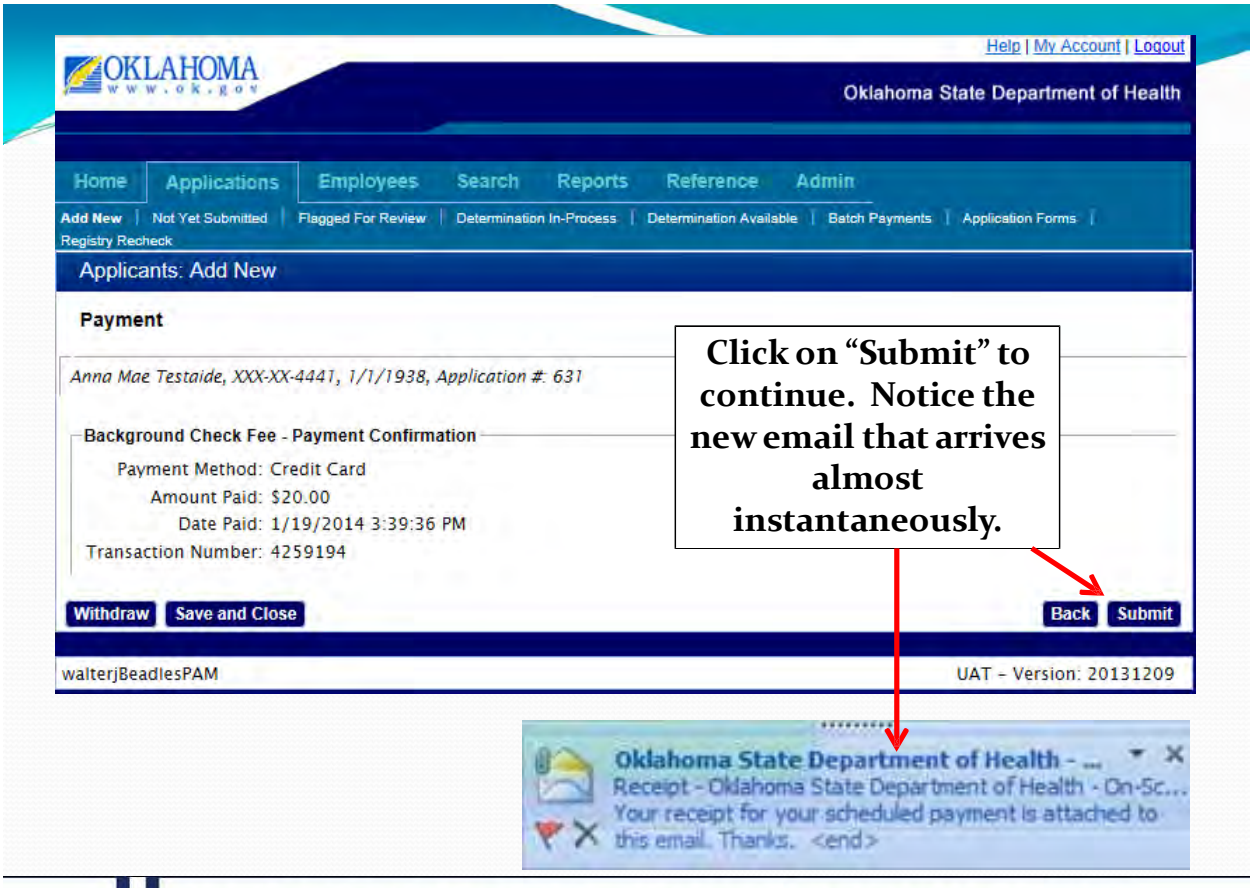


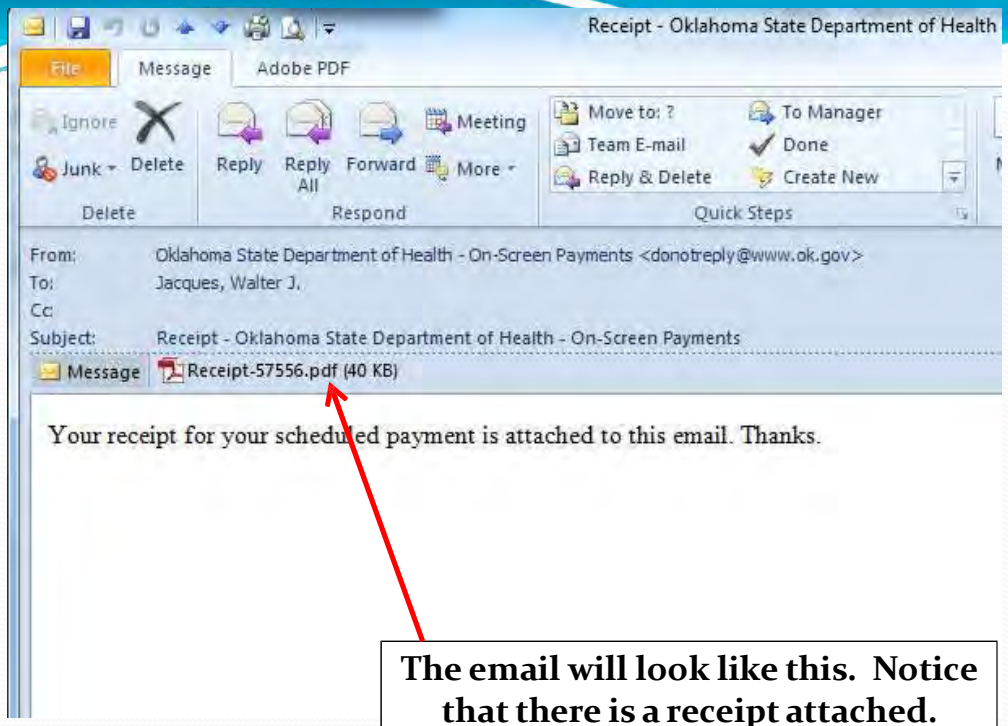
Fill out the screen like making a PayPal payment.


Email Address:
walterj@health.ok.gov
Phone: digits only, include area code
4052713598
Itemized Costs
Item / Description
Quantity
Unit Price
Total
Background Check Fee
Background Check Fee
1
$20.00
$20.00
Sub Total
$20.00
ONLINE FEE MAY APPLY
Payment Information
After you select a payment type, additional fields will display to be
* Payment Type:
Visa
* Account Number:
5555555555554444
* Re-enter Account Number:
5555555555554444
* Enter CCV:
999
Expiration Date
* Month:
May
* Year:
2015
Continue
Cancel
Note: This dummy credit card information will work for testing purposes*
* Limited Testing


Phone:
4052713598
Itemized Costs
Item / Description
Quantity
Unit Price
Total
Background Check Fee
Background Check Fee
1
$20.00
$20.00
Sub Total
$20.00
Grand Total
$20.00
Payment Information
Payment Type:
Visa
Account Number:
XXXXXXXXXXXX4444
Re-enter Account Number:
XXXXXXXXXXXX4444
Enter CCV:
999
Expiration Date
Month:
May
Year:
2015
Only hit the PROCESS PAYMENT button once. To avoid duplicate billing, please do not hit the REFRESH or BACK button on your browser during this process.
Please allow up to 60 seconds for this transaction to finish. Once complete, a receipt page will be provided for you to print.
Process Payment
Back
Cancel
Click on "Process Payment."


Itemized Costs
Item / Description
Quantity
Unit Price
Total
Background Check Fee
Background Check Fee
1
$20.00
$20.00
Sub Total
$20.00
Grand Total
$20.00
Payment Information
Payment Type:
Visa
Account Number:
XXXXXXXXXXXX4444
Re-enter Account Number:
XXXXXXXXXXXX4444
Enter CCV:
999
Expiration Date
Month:
May
Year:
2015
Message from webpage
Are you sure you want to complete this transaction?
OK
Cancel
Click on "OK."
Only hit the PROCESS PAYMENT button once. To avoid dup
or BACK button on your browser during this process.
Please allow up to 60 seconds for this transaction to finish. Once complete, a receipt page will be provided for you to print.
Process Payment
Back
Cancel


OKLAHOMA
www.ok.gov
Help | My Account | Logout
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Payment
Anna Mae Testaide, XXX-XX-4441, 1/1/1938, Application #: 631
Background Check Fee - Payment Confirmation
Payment Method: Credit Card
Amount Paid: $20.00
Date Paid: 1/19/2014 3:39:36 PM
Transaction Number: 4259194
Click on "Submit" to continue. Notice the new email that arrives almost instantaneously.
Withdraw
Save and Close
Back
Submit
walterjBeadlesPAM
UAT - Version: 20131209
Oklahoma State Department of Health - ...
Receipt - Oklahoma State Department of Health - On-Sc...
Your receipt for your scheduled payment is attached to this email. Thanks. <end>



The email will look like this. Notice that there is a receipt attached. Print and/or save the receipt for your records.

Receipt - Oklahoma State Department of Health - On-Screen Payments

This is confirmation that your payment for the items below has been submitted successfully.

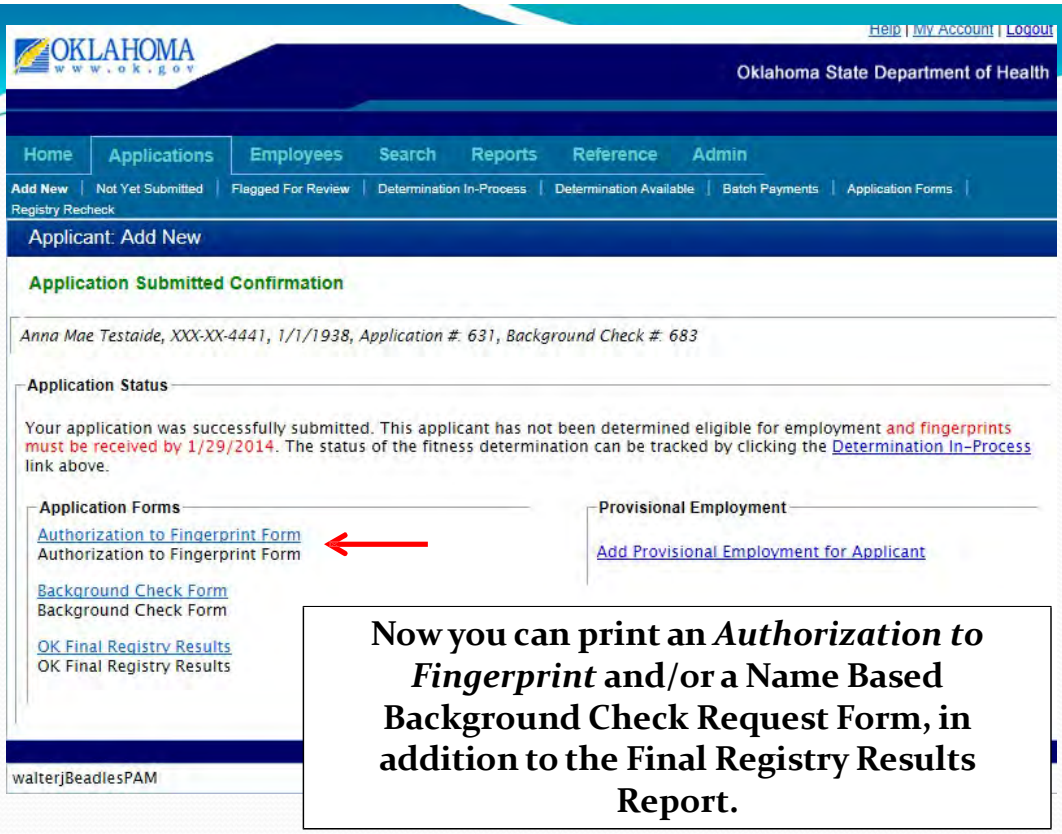
BILLING INFORMATION:
TestBeadles
123 Main Street
Alva, OK 74111
US

TRANSACTION INFORMATION:
Date: 01/19/2014
Processed Trans ID: 4259194
Account Type: VISA
Last Four Acct#: **********4444

This is what the attached receipt looks like.

Itemized Costs

Item / Description	Quantity	Unit Price	Total
Background Check Fee Background Check Fee	1	$20.00	$20.00
		Sub Total	$20.00
		Online Fee (billed separately)	$0.00
		Grand Total	$20.00



Now you can print an *Authorization to Fingerprint* and/or a Name Based Background Check Request Form, in addition to the Final Registry Results Report.

Authorization to Fingerprint

You have applied for a position that requires the Oklahoma National Background Check Program (ONBCP) to examine any criminal history that you may have. The authority for this requirement is Title 63 O.S. § 1-1945 et. seq.

To initiate the criminal history check, please take this form with you to the fingerprint agency where your appointment has been made. The fee for your fingerprinting will be $10.

If you do not already have an appointment to be fingerprinted, or need to change your appointment, you can do so at:

http://www.l1enrollment.com/state/?st=ok

YOU MUST PRESENT THIS FORM AND A CURRENT, VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION TO BE FINGERPRINTED (I.E. DRIVER'S LICENSE, STATE ID, MILITARY ID, ETC.)

The Oklahoma State Bureau of Investigation will provide your State and National criminal history results to the ONBCP by means of a secure, web-based system. The ONBCP will review the criminal history information and advise
the facility where you are seeking employment whether you are eligible for hire based on the results of your State and National criminal history check.

Please note that if you have a conviction for a barrier offense that would prevent you from working in that position, the ONBCP will notify you and the employer where you have applied. You will receive information on how you may appeal the decision. For information on barrier offenses, visit:

http://onbc.health.ok.gov

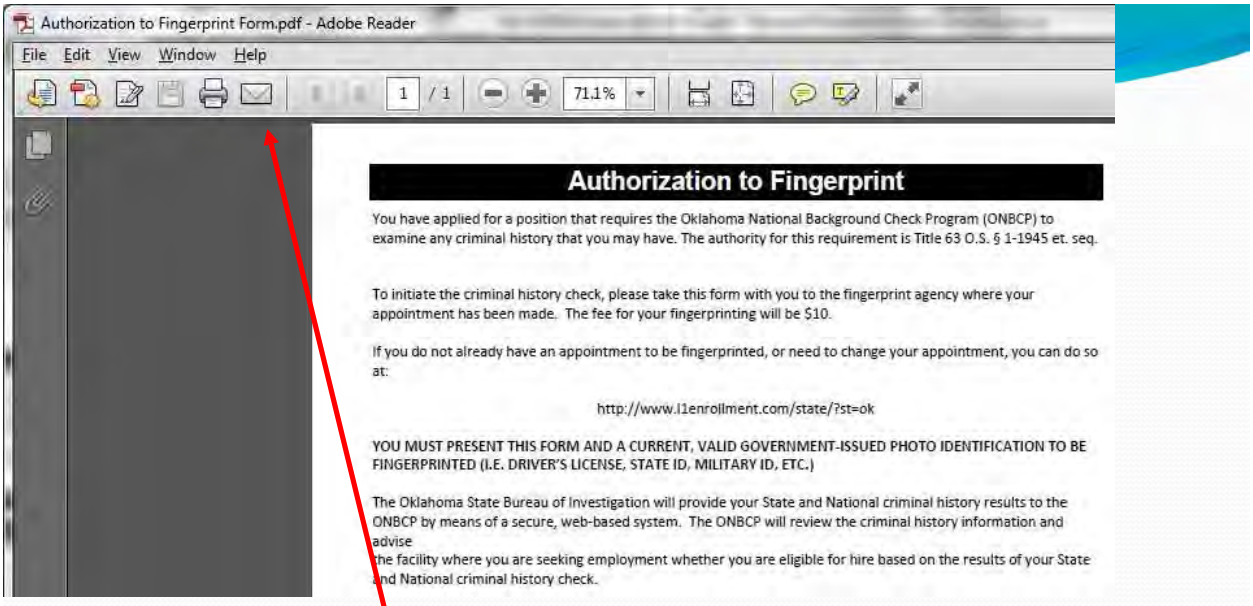
Applicant Information

Applicant Date:	01/19/2014	**Fee: $10.00**
ORI:	OK1234567	
DI	684	

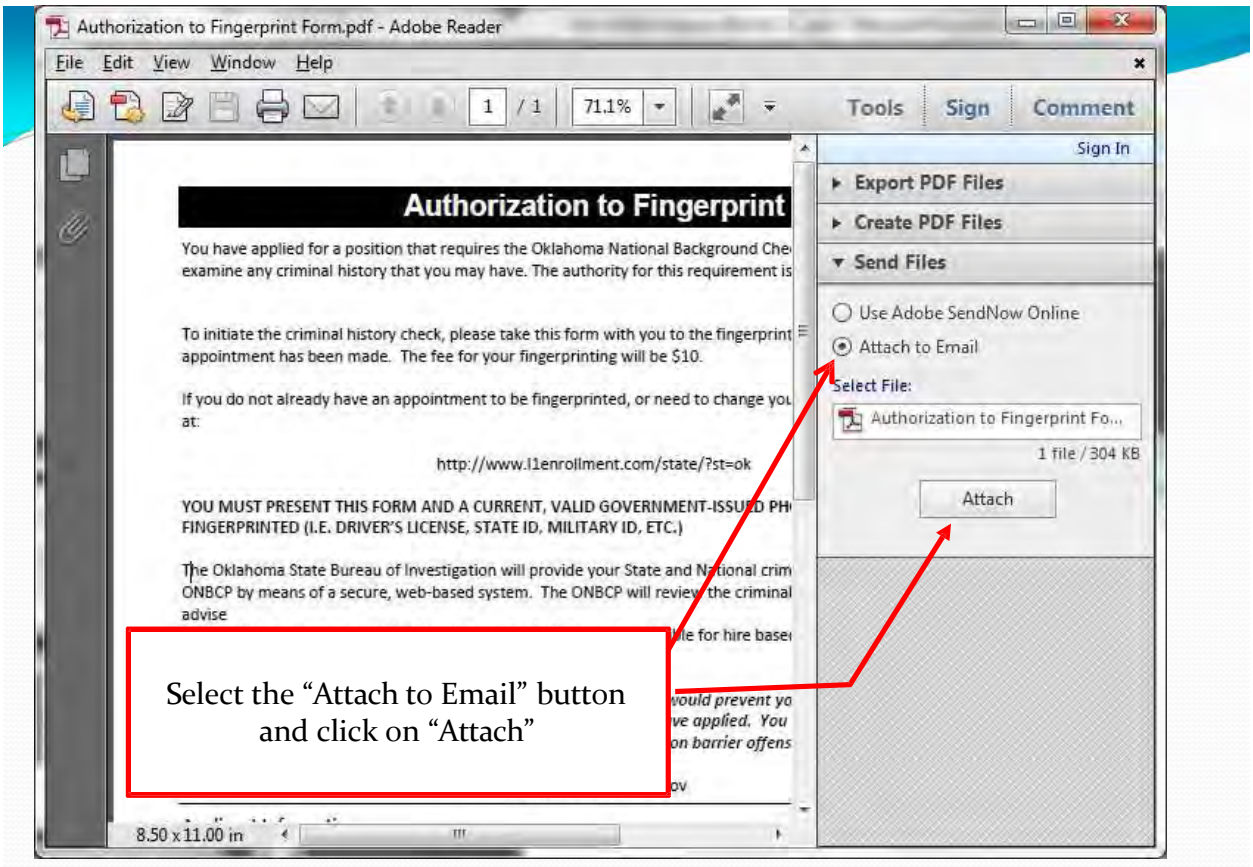
Name:	Millie Testaide
Address:	123 Main Street Alva, OK 74567
Date of Birth:	01/01/1961
Race:	White
Gender:	Female
Eye Color:	Brown
Weight:	125
Height:	5'4"
Place of Birth:	US: California
(if not in the U.S.)	

Upon collecting the applicant's fingerprints, the LiveScan operator shall return this form to the applicant for the applicant's records.
Date Fingerprints Collected: _____ Initials of Live Scan operator: _____

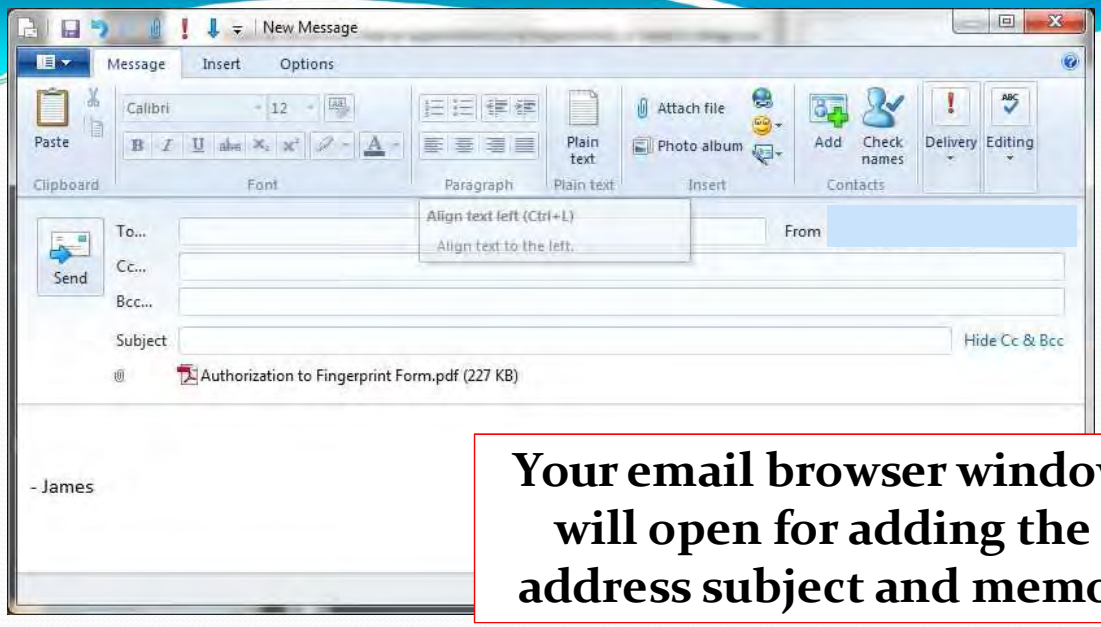
This is the *Authorization to Fingerprint form*. The link opens this form which includes a live hyperlink that can be used to schedule or change a fingerprinting appointment. This form will be revised to include a phone number which may also be used to schedule appointments: 877-219-0197.



From the Adobe Viewing window click on the email icon to send the file as an email attachment.



Select the "Attach to Email" button and click on "Attach"



Your email browser window will open for adding the address subject and memo.

Authorization to Fingerprint

You have applied for a position that requires the Oklahoma National Background Check Program (ONBCP) to examine any criminal history that you may have. The authority for this requirement is Title 63 O.S. § 1-1945 et. seq.

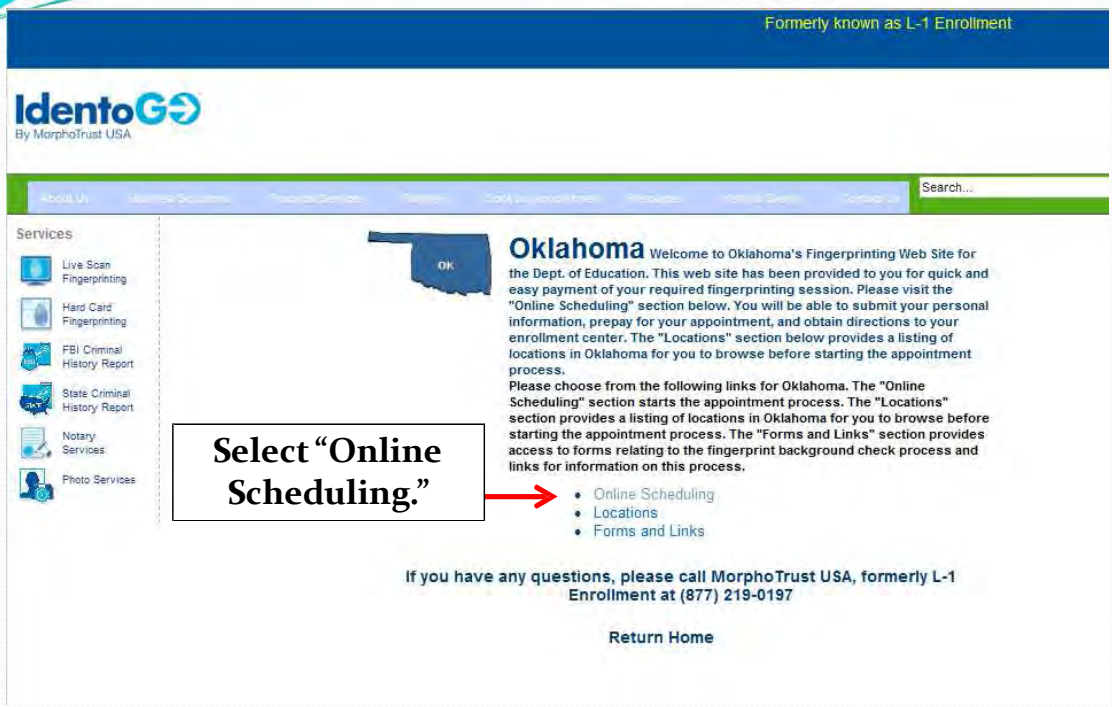
Applicant Information

Applicant Date:	01/19/2014	Fee: $10.00
ORI:	OK1234567	
DI	684	

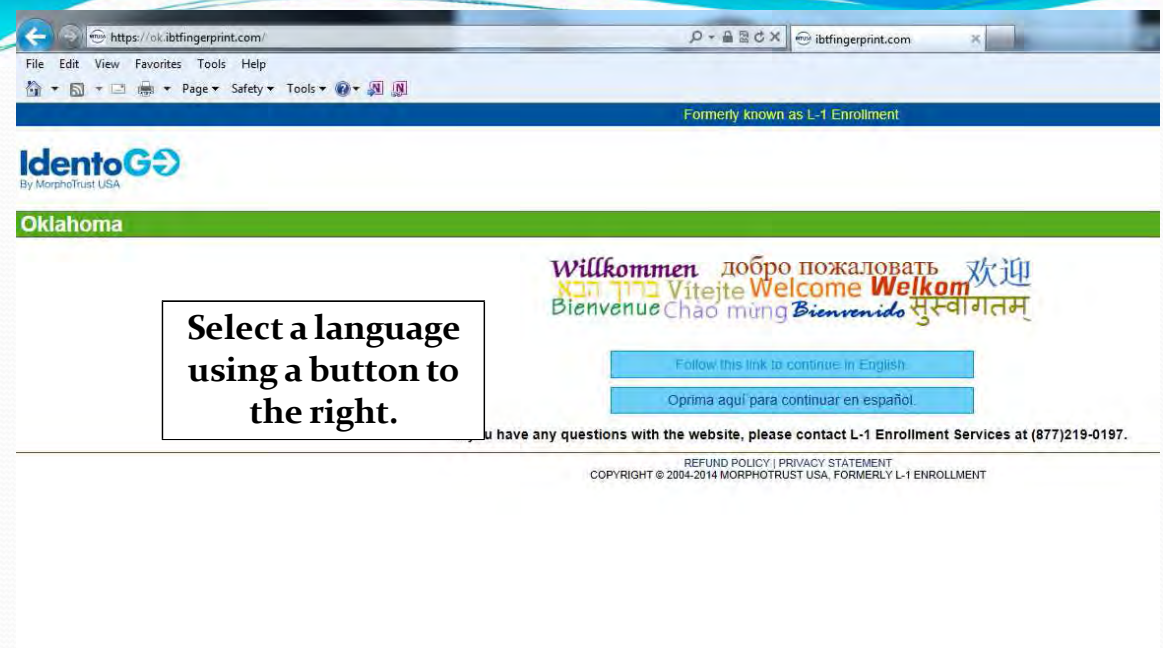
Name: Millie Testaide
Address: 123 Main Street
Alva, OK 74567
Date of Birth: 01/01/1961
Race: White
Gender: Female
Eye Color: Brown
Weight: 125
Height: 5'4"
Place of Birth: US: California
(if not in the U.S.)

The detailed information in the Authorization to Fingerprint includes key data for scheduling the appointment with IdentoGo:
The DI # : 684
The last name: Testaide
The Date of Birth: 1/1/1961

Upon collecting the applicant's fingerprints, the LiveScan operator shall return this form to the applicant for the applicant's records.
Date Fingerprints Collected: _____ Initials of Live Scan operator: _____



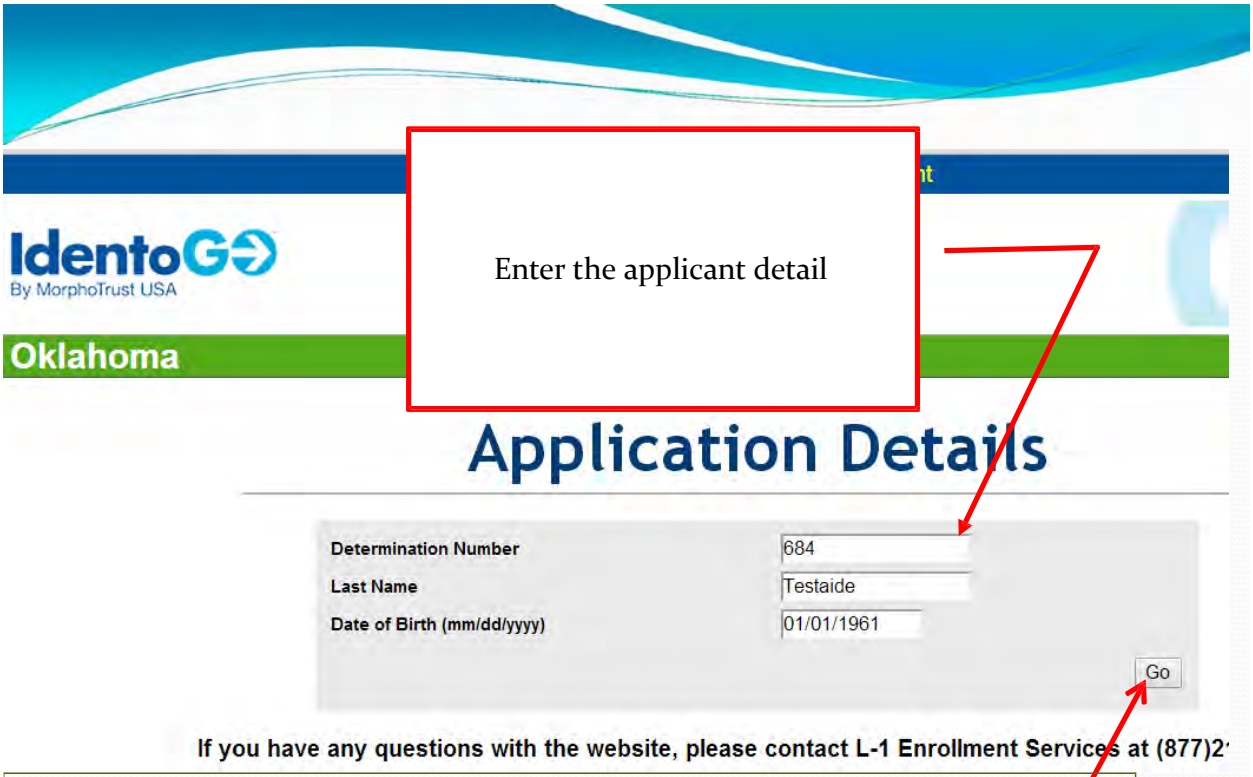
Select "Online Scheduling."



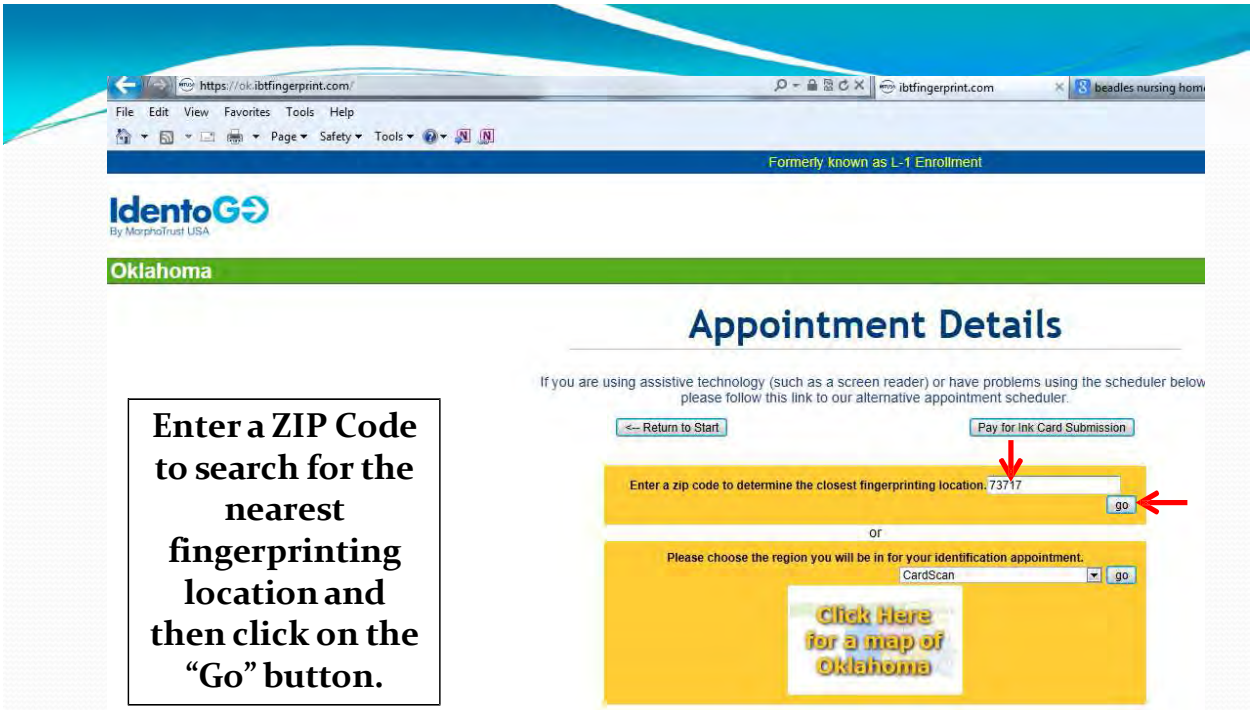
Select a language using a button to the right.

Formerly known as L-1 Enrollment
IdentoGO
By MorphoTrust USA
Oklahoma
Welcome
Welcome. The following pages will ask you for information needed to schedule and process your background check. If you have problems feel free to call us at (877) 219-0197.
First Name
Millie
Last Name
Testaide
Go
For Existing Appointments
I received a rejection notification and need to schedule an appointment.
I have an existing appointment I would like to change.
If you have any questions with the website, please contact L-1 Enrollment Services at (877)219-0197.

Formerly known as L-1 Enrollment
IdentoGO
By MorphoTrust USA
Oklahoma
Application Details
Please choose your agency or program from the list below.
Agency Name
Oklahoma State Department of Health
--- Please choose an item from the list. ---
Oklahoma State Department of Education
Oklahoma Department of Human Services
OK Print Card
Oklahoma Board of Nursing
Oklahoma State Department of Health
Go
If you have any questions w
llment Services at (877)219-0197.



Enter the applicant's Determination # from the Authorization to Fingerprint Form along with the last name and date of birth.



Enter a ZIP Code to search for the nearest fingerprinting location and then click on the "Go" button.

Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

<-- Return to Start | Pay for Ink Card Submission

is a supercenter location offering passport, id theft protection and more.

Locations sorted by distance from 73717 | January 19 - January 25 Next Week >>

[Select Another Region or Zip Code]

	Sunday 1/19/2014	Monday 1/20/2014	Tuesday 1/21/2014	Wednesday 1/22/2014	Thursday 1/23/2014	Friday 1/24/2014	Saturday 1/25/2014
Enid Mail Run LLC 105 S Grand St Enid, OK 73701 Directions	Closed	Closed	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Closed
StillWater Postal Pak and Ship 601 S Washington St Stillwater, OK 74074 Directions	Closed	Click to Schedule	Click to Schedule	Click to Schedule	Closed	Click to Schedule	Closed
Oklahoma City - South Council Freymiller 1407 S Council Rd, Ste 1405 Oklahoma City, OK 73128 Directions	Closed	Closed	Schedule Full	Schedule Full	Schedule Full	Schedule Full	Closed
Norman Fuson Tag Agency 1236 Interstate Dr Norman, OK 73072 Directions	Closed	Closed	Schedule Full	Schedule Full	Schedule Full	Click to Schedule	Closed
Tulsa Barnes Tag Agency 6542 E 81st St	Closed	Closed	Schedule Full	Schedule Full	Schedule Full	Schedule Full	Closed

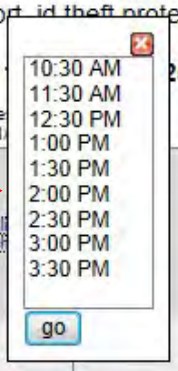
Select an open appointment on the calendar from a location nearest you.

Appointment Details

ısing assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

<-- Return to Start | Pay for Ink Card Submission

is a supercenter location offering passport, id theft protection and more.



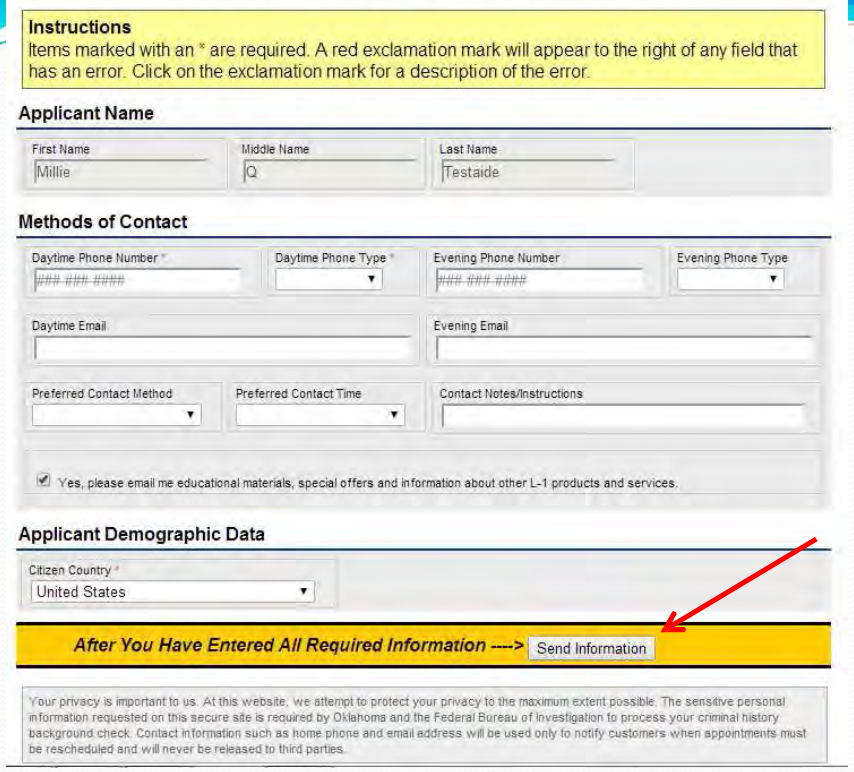
cations sorted by distance from 73717 | January 25 Next Week >>

ect Another Region or Zip Code]

	Sunday 1/19/2014	Monday 1/20/2014	Tue 1/21	Thursday 1/23/2014	Friday 1/24/2014	Saturday 1/25/2014
Enid Mail Run LLC 105 S Grand St Enid, OK 73701 Directions	Closed	Closed	Cli Sch	Click to Schedule	Click to Schedule	Closed
StillWater Postal Pak and Ship 601 S Washington St Stillwater, OK 74074 Directions	Closed	Click to Schedule	Click to Schedule	Closed	Click to Schedule	Closed

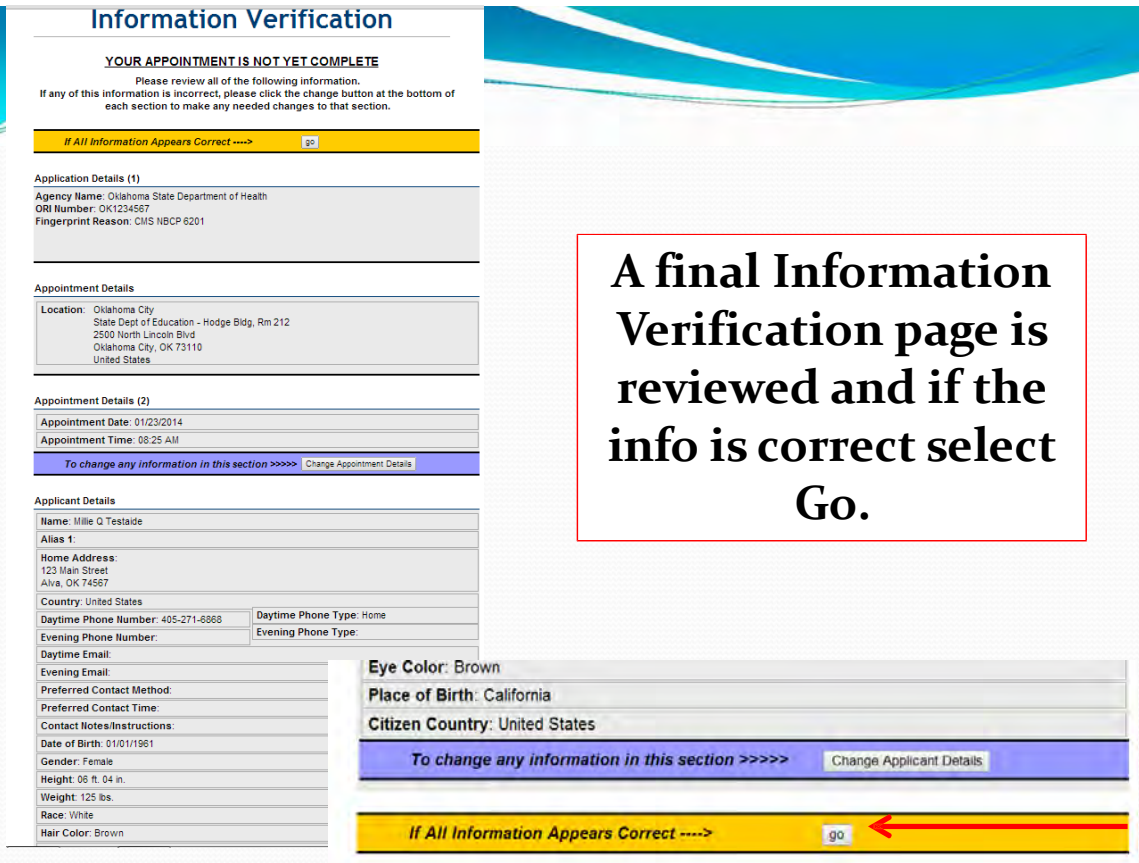
Select a time of day and click on "Go."

Applicant Information



The applicant information is reviewed and additions are made as necessary. Once you've completed the form, click on the "Send Information" button.

Information Verification

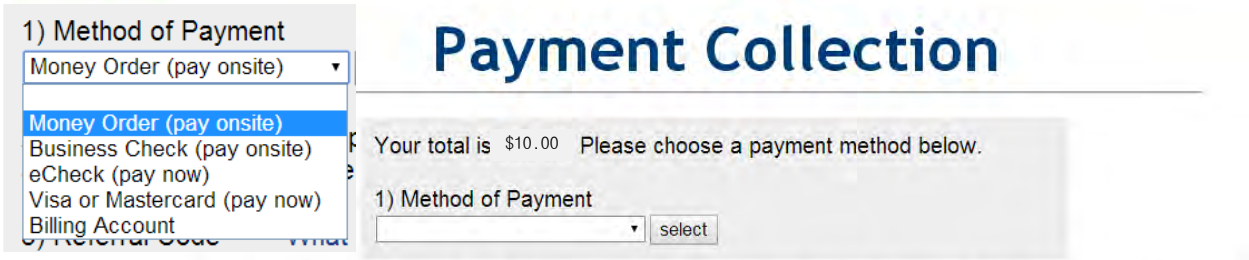


A final Information Verification page is reviewed and if the info is correct select Go.

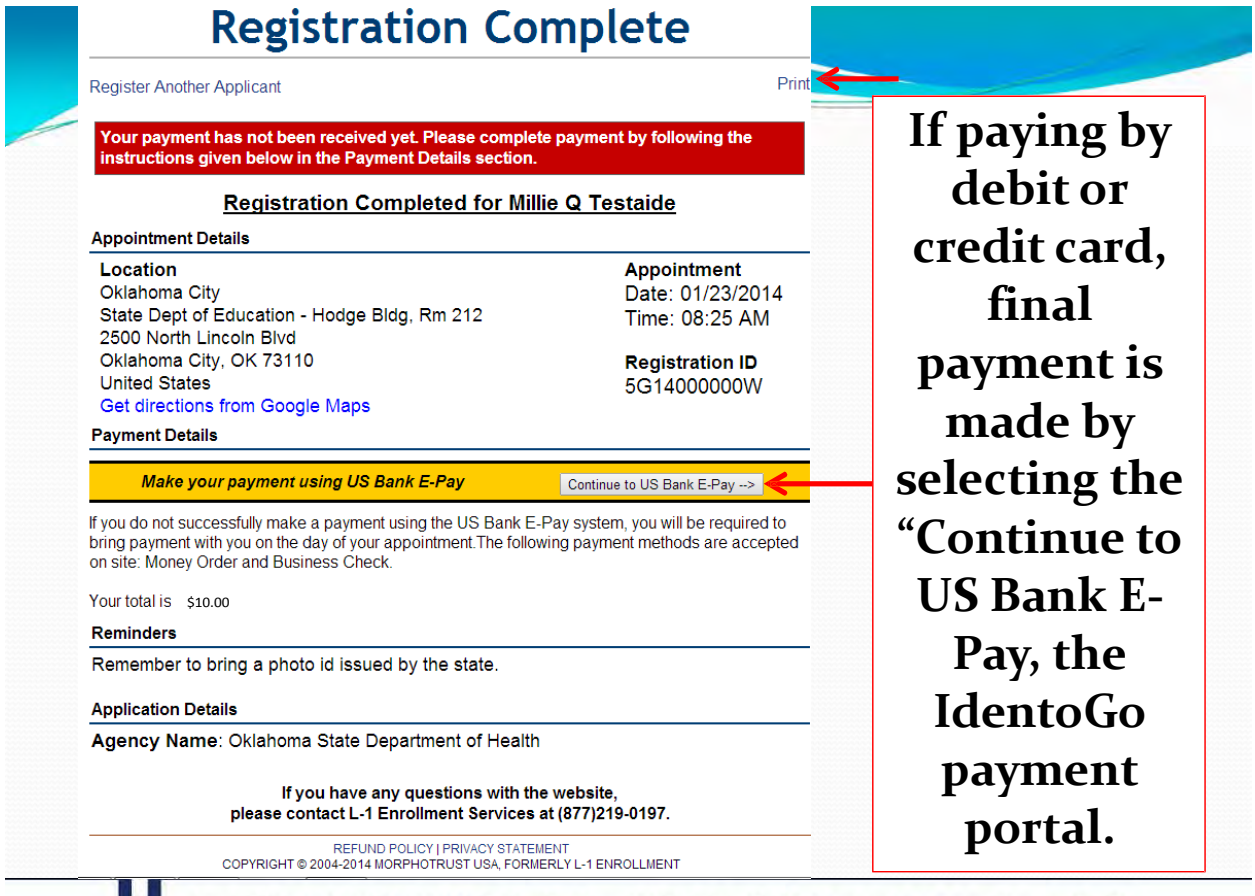
Formerly known as L-1 Enrollment

IdentoGO By MorphoTrust USA

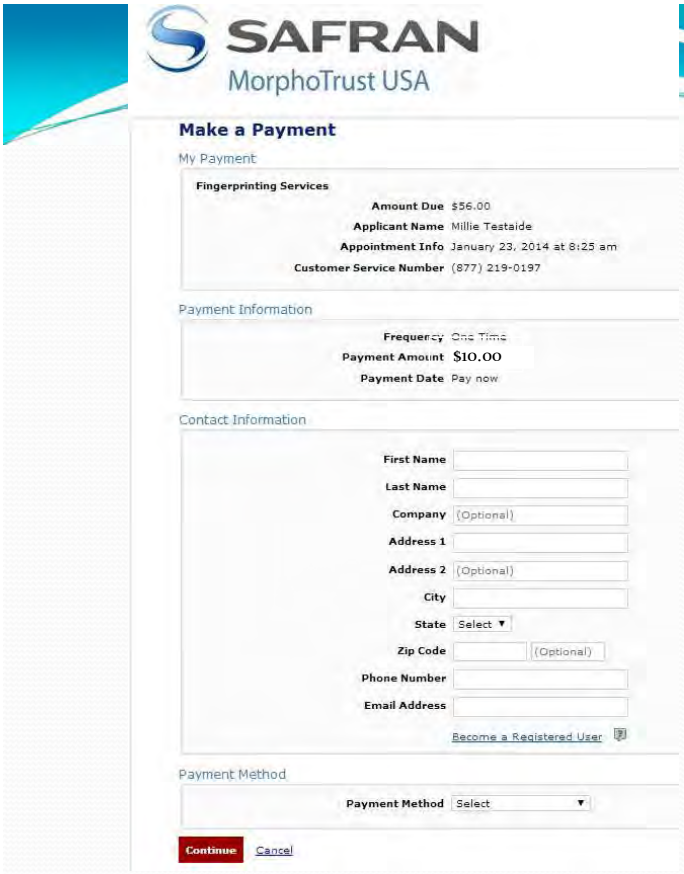
Oklahoma



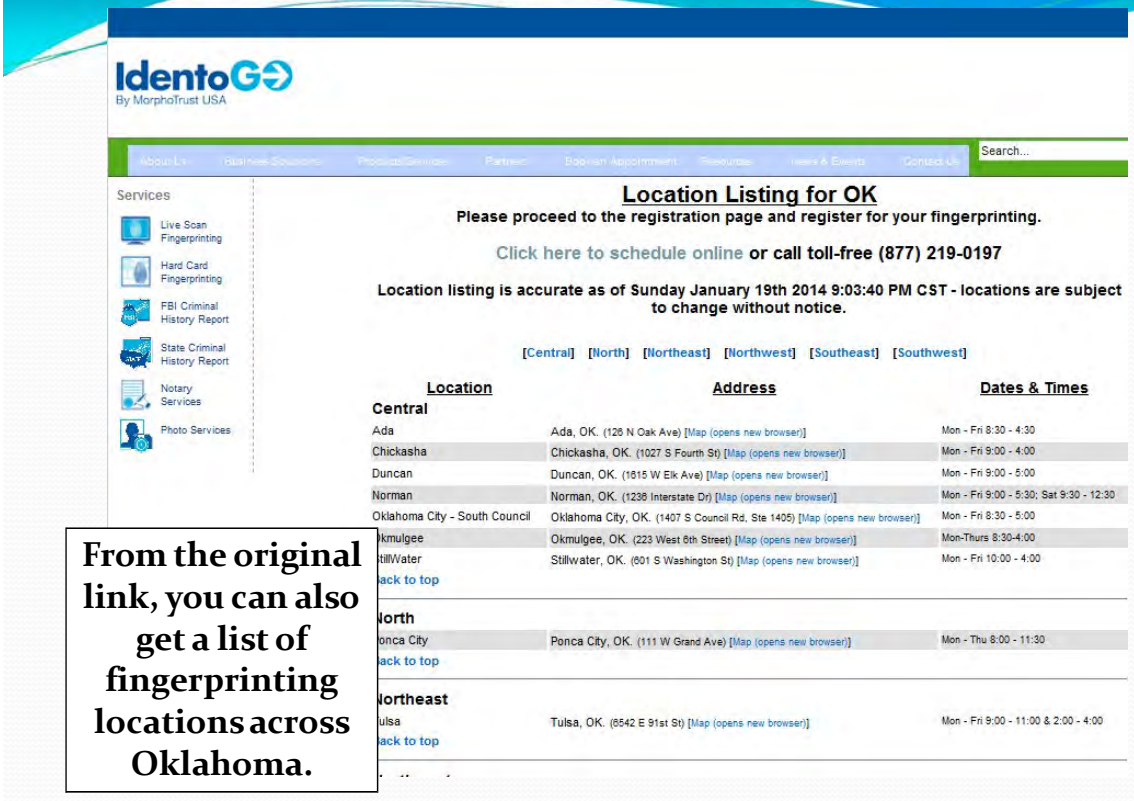
The applicant's Administrative Fee is collected or the applicant may arrange to pay on site by money order or business check.



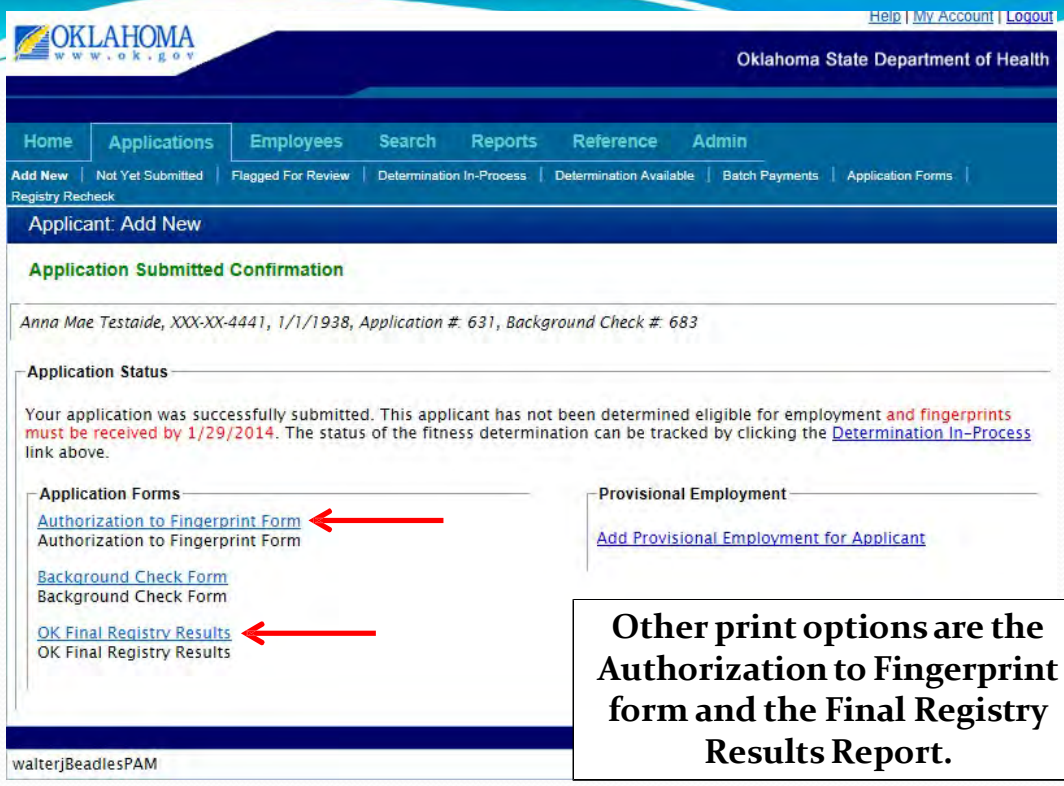
If paying by debit or credit card, final payment is made by selecting the "Continue to US Bank E-Pay, the IdentoGo payment portal.



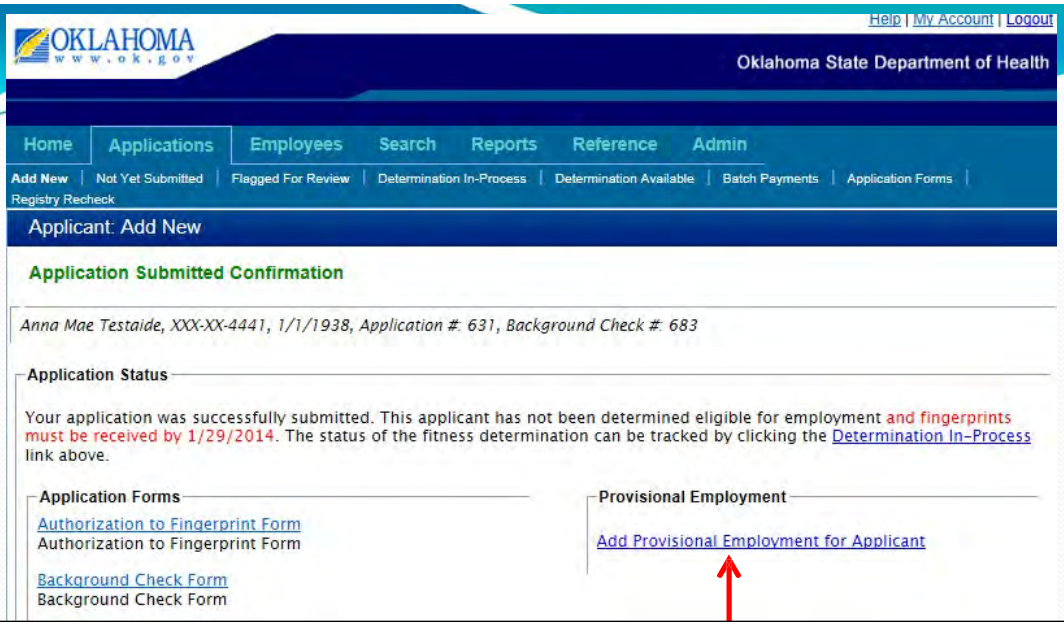
If paying by debit or credit card, payment source is entered here and submitted.



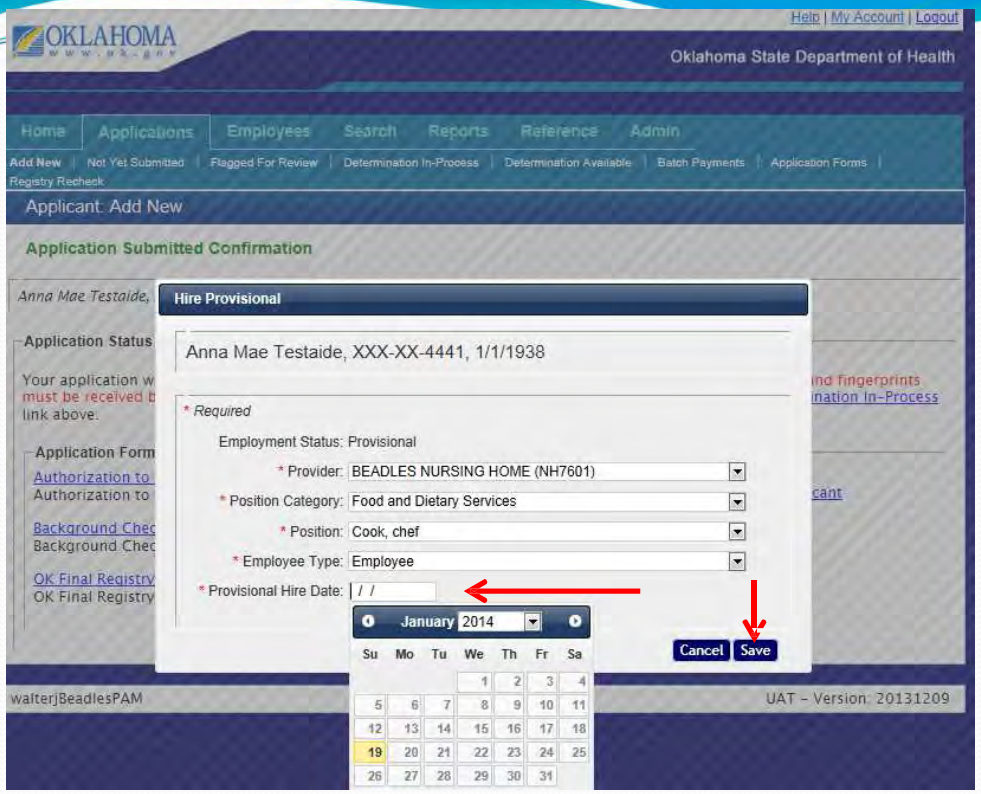
From the original link, you can also get a list of fingerprinting locations across Oklahoma.

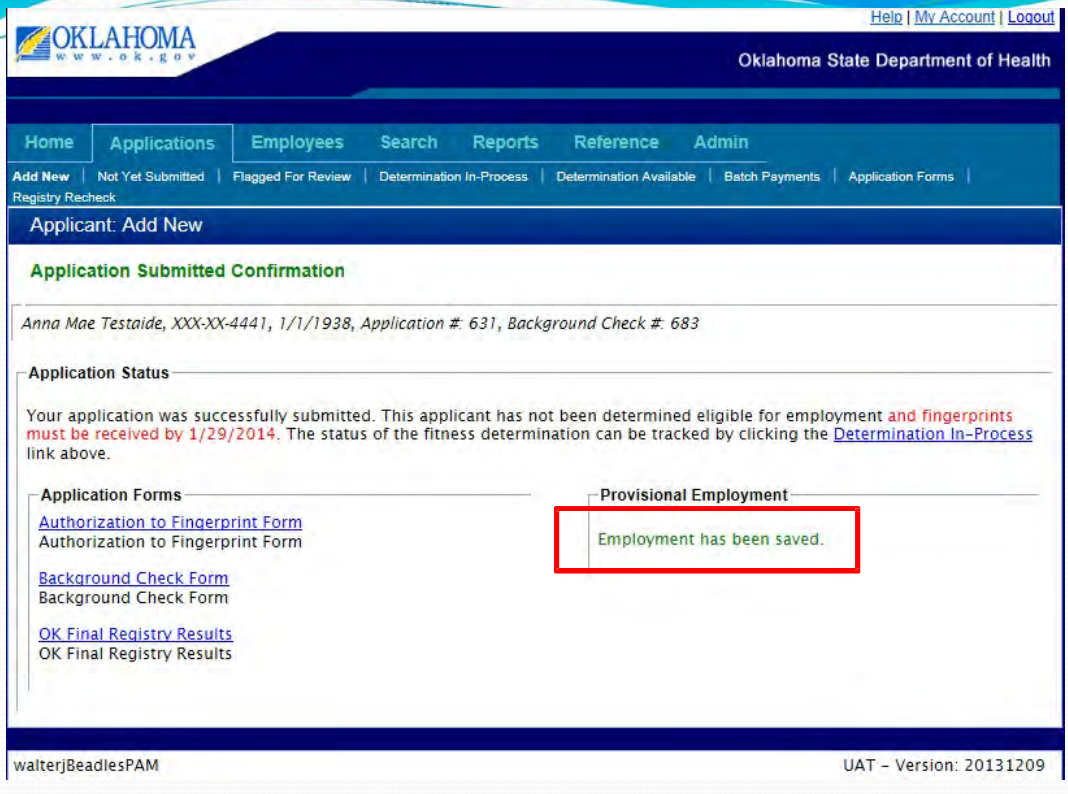


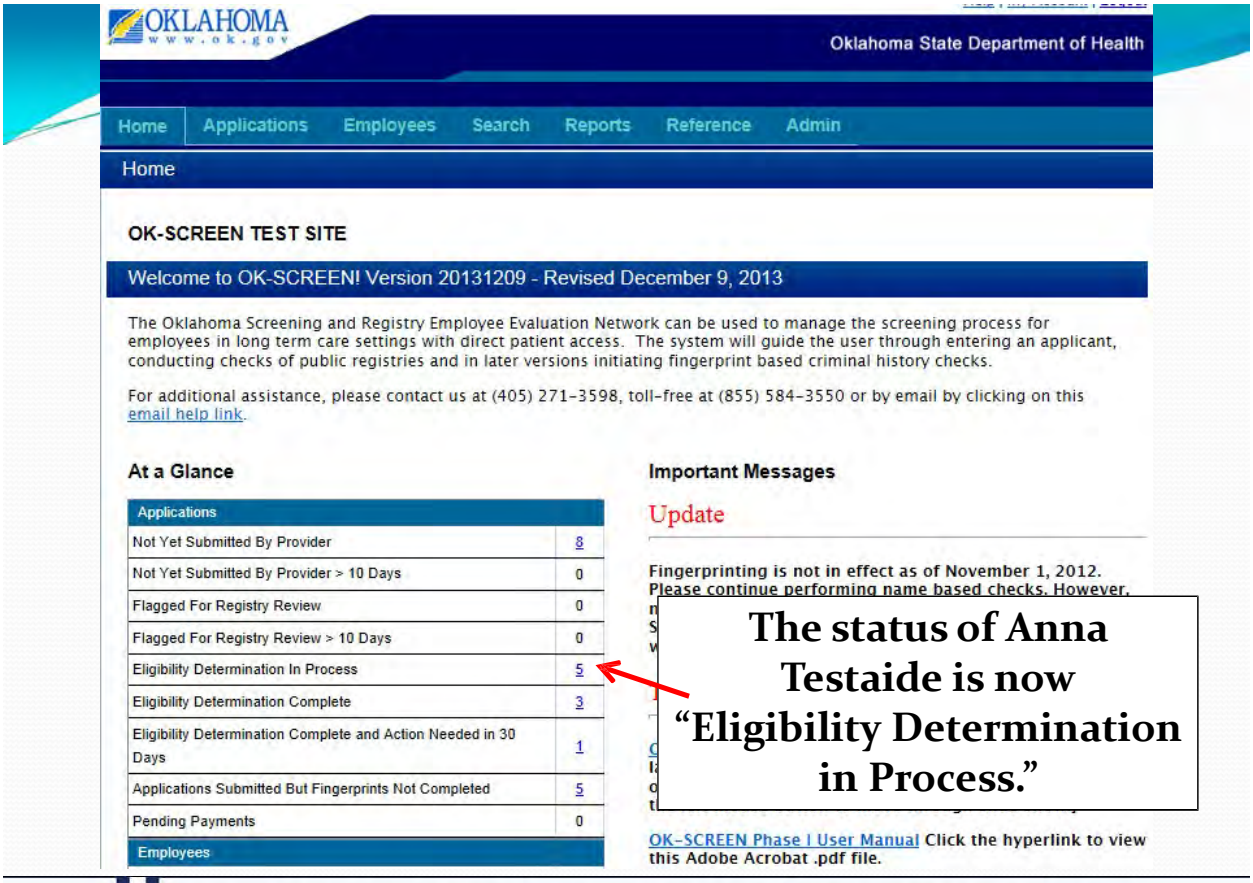
Other print options are the Authorization to Fingerprint form and the Final Registry Results Report.



Now select '*Add Provisional Employment for Applicant*' if you wish to provisionally hire the applicant during the pending fingerprinting and determination. An applicant may be provisionally hired for up to sixty (60) days.


OKLAHOMA
Help | My Account | Logout
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicant: Add New
Application Submitted Confirmation
Anna Mae Testaide,
Hire Provisional
Application Status
Anna Mae Testaide, XXX-XX-4441, 1/1/1938
Your application w
must be received b
link above.
* Required
Employment Status: Provisional
* Provider: BEADLES NURSING HOME (NH7601)
* Position Category: Food and Dietary Services
* Position: Cook, chef
* Employee Type: Employee
* Provisional Hire Date: / /
January 2014
Su Mo Tu We Th Fr Sa
Cancel
Save
walterjBeadlesPAM
UAT - Version: 20131209


OKLAHOMA
Help | My Account | Logout
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicant: Add New
Application Submitted Confirmation
Anna Mae Testaide, XXX-XX-4441, 1/1/1938, Application #: 631, Background Check #: 683
Application Status
Your application was successfully submitted. This applicant has not been determined eligible for employment and fingerprints must be received by 1/29/2014. The status of the fitness determination can be tracked by clicking the Determination In-Process link above.
Application Forms
Authorization to Fingerprint Form
Authorization to Fingerprint Form
Background Check Form
Background Check Form
OK Final Registry Results
OK Final Registry Results
Provisional Employment
Employment has been saved.
walterjBeadlesPAM
UAT - Version: 20131209


OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
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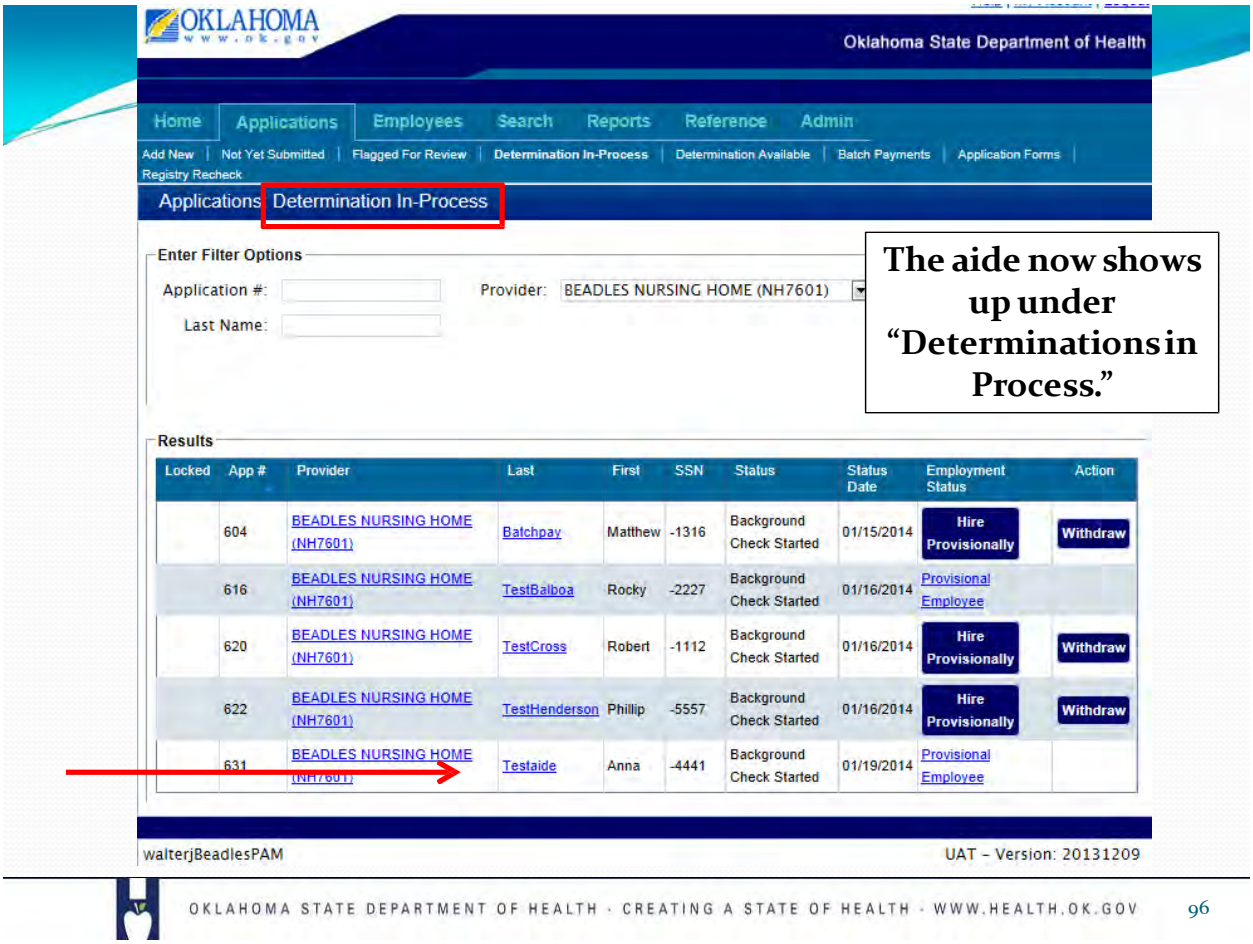
Admin
Home
OK-SCREEN TEST SITE
Welcome to OK-SCREEN! Version 20131209 - Revised December 9, 2013
The Oklahoma Screening and Registry Employee Evaluation Network can be used to manage the screening process for employees in long term care settings with direct patient access. The system will guide the user through entering an applicant, conducting checks of public registries and in later versions initiating fingerprint based criminal history checks.
For additional assistance, please contact us at (405) 271-3598, toll-free at (855) 584-3550 or by email by clicking on this email help link.
At a Glance
Applications
Not Yet Submitted By Provider 8
Not Yet Submitted By Provider > 10 Days 0
Flagged For Registry Review 0
Flagged For Registry Review > 10 Days 0
Eligibility Determination In Process 5
Eligibility Determination Complete 3
Eligibility Determination Complete and Action Needed in 30 Days 1
Applications Submitted But Fingerprints Not Completed 5
Pending Payments 0
Employees
Important Messages
Update
Fingerprinting is not in effect as of November 1, 2012.
Please continue performing name based checks. However,
OK-SCREEN Phase I User Manual Click the hyperlink to view this Adobe Acrobat .pdf file.
The status of Anna Testaide is now "Eligibility Determination in Process."


OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
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Applications
Employees
Search
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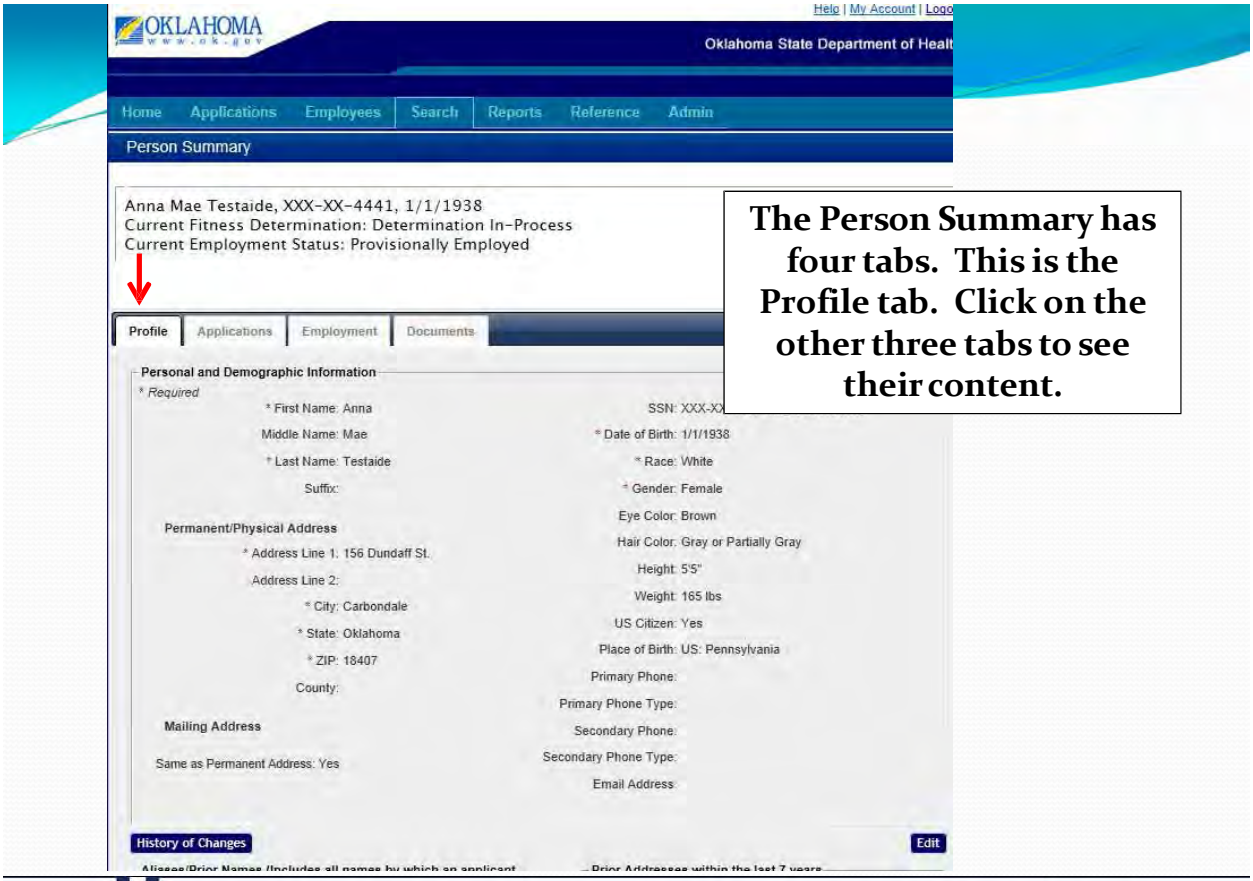
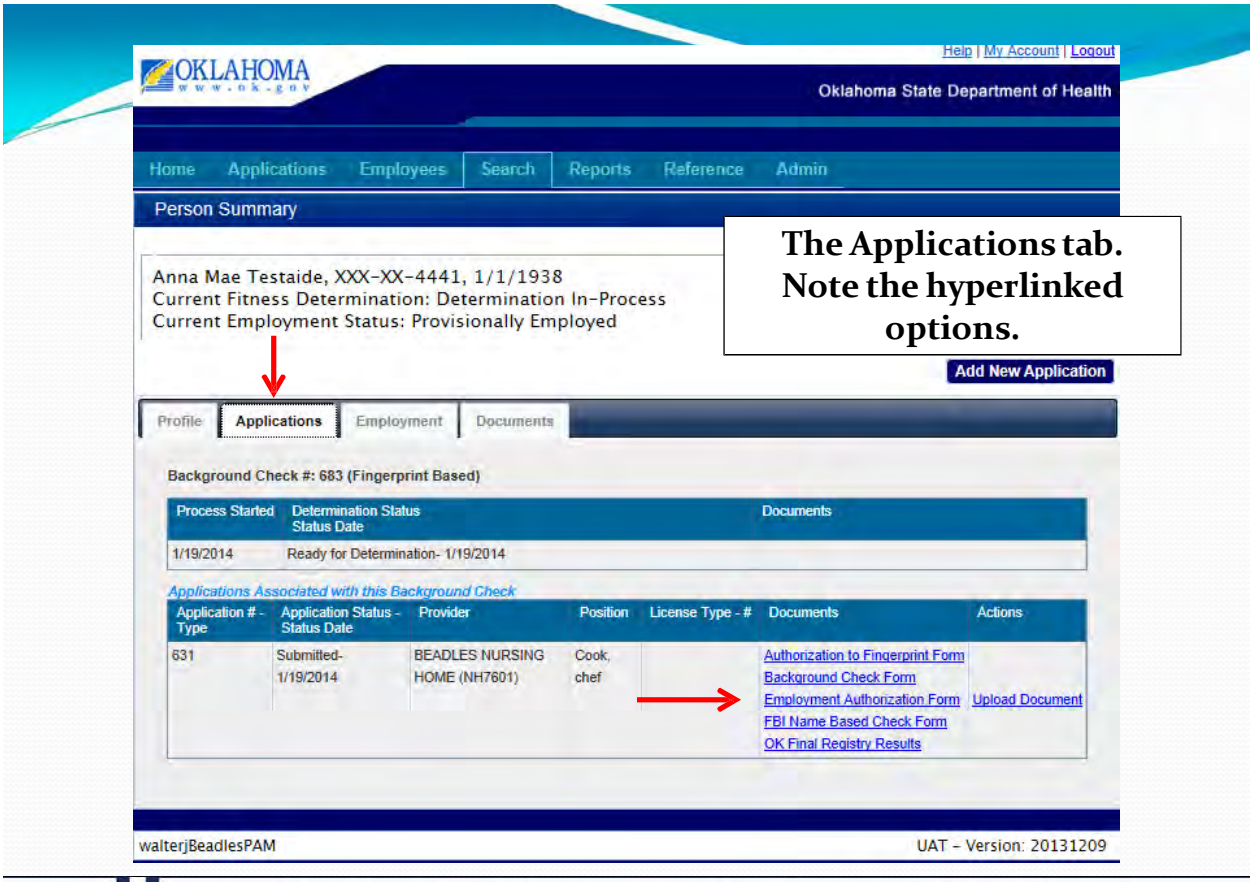
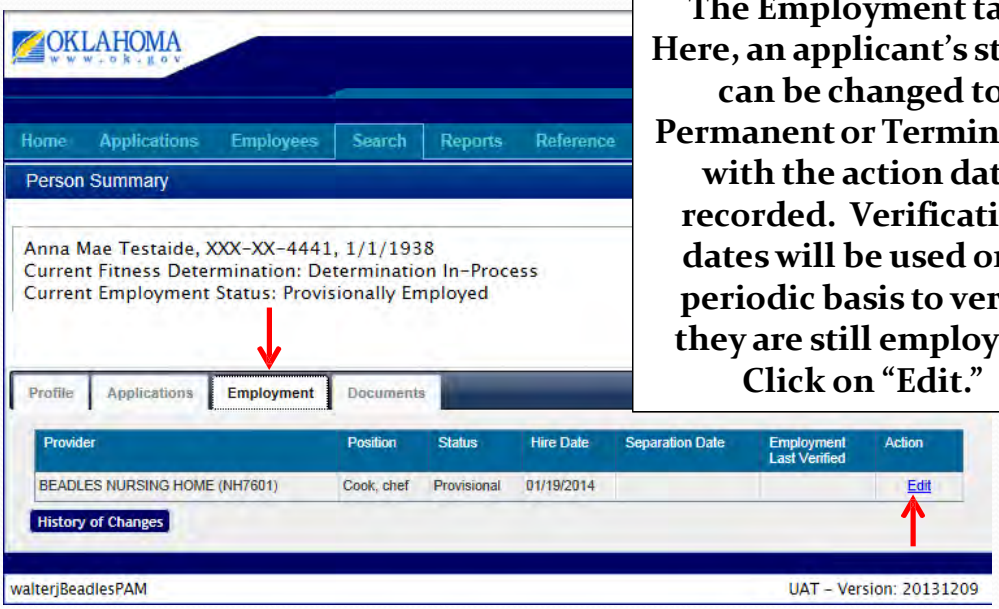
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applications Determination In-Process
Enter Filter Options
Application #:
Provider: BEADLES NURSING HOME (NH7601)
Last Name:
The aide now shows up under "Determinations in Process."
Results
Locked | App # | Provider | Last | First | SSN | Status | Status Date | Employment Status | Action
604 | BEADLES NURSING HOME (NH7601) | Balchpay | Matthew | -1316 | Background Check Started | 01/15/2014 | Hire Provisionally | Withdraw
616 | BEADLES NURSING HOME (NH7601) | TestBalboa | Rocky | -2227 | Background Check Started | 01/16/2014 | Provisional Employee
620 | BEADLES NURSING HOME (NH7601) | TestCross | Robert | -1112 | Background Check Started | 01/16/2014 | Hire Provisionally | Withdraw
622 | BEADLES NURSING HOME (NH7601) | TestHenderson | Phillip | -5557 | Background Check Started | 01/16/2014 | Hire Provisionally | Withdraw
631 | BEADLES NURSING HOME (NH7601) | Testaide | Anna | -4441 | Background Check Started | 01/19/2014 | Provisional Employee
walterjBeadlesPAM
UAT - Version: 20131209



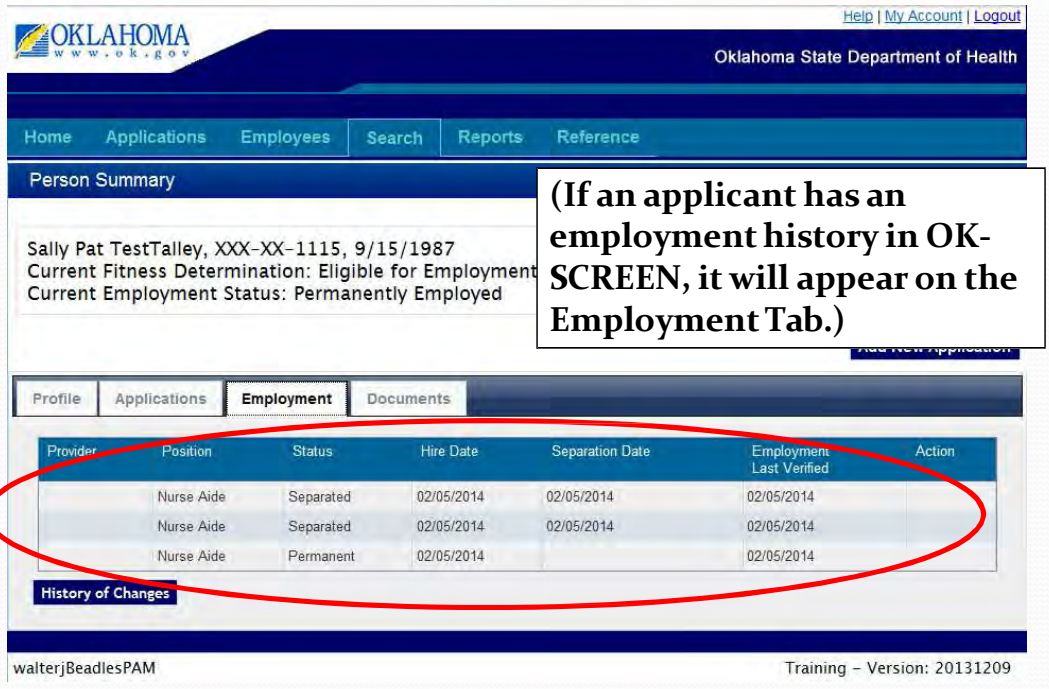
The Person Summary has four tabs. This is the Profile tab. Click on the other three tabs to see their content.



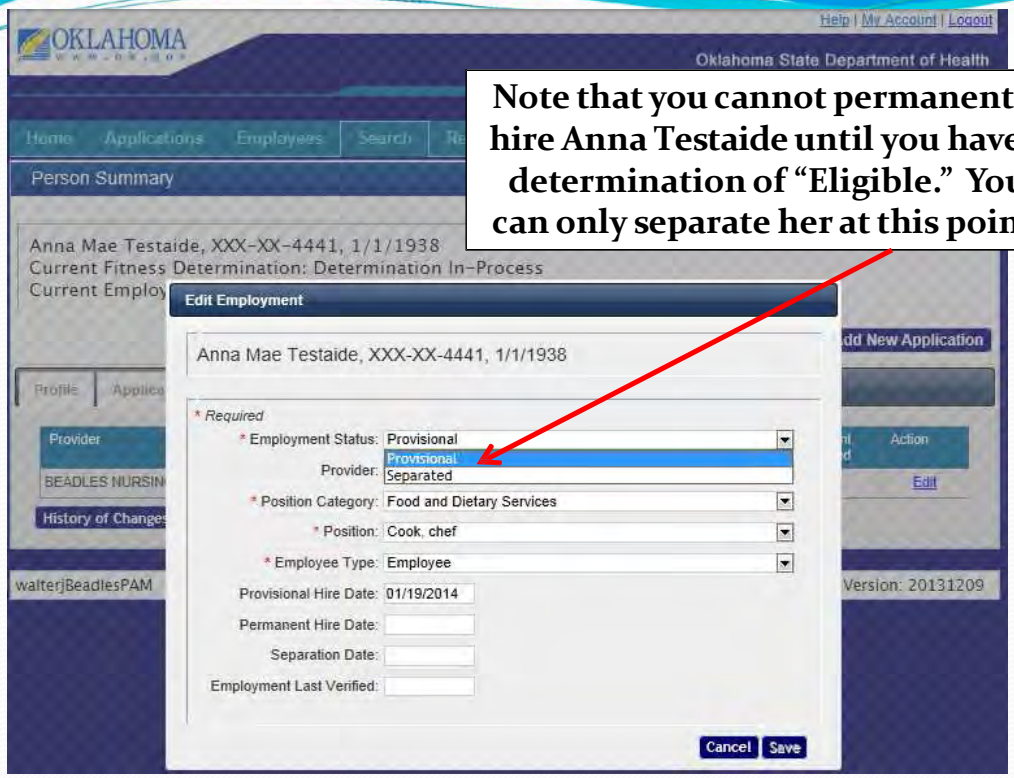
The Applications tab. Note the hyperlinked options.



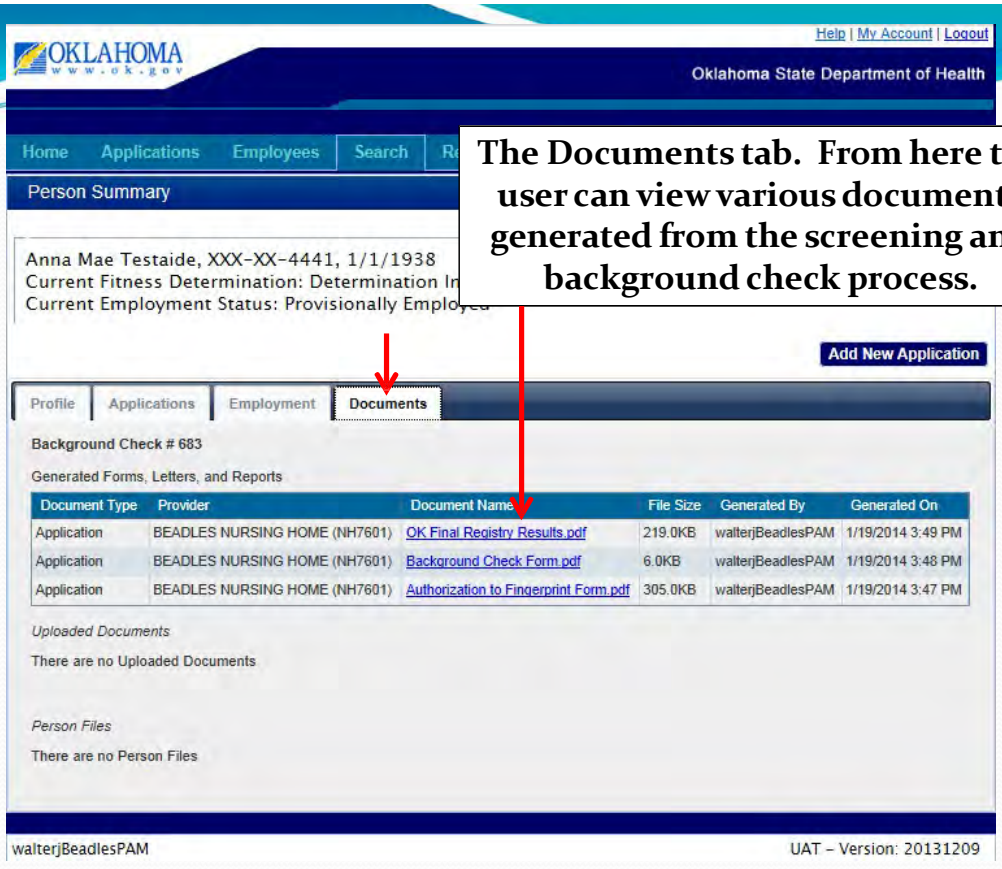
The Employment tab. Here, an applicant's status can be changed to Permanent or Terminated with the action date recorded. Verification dates will be used on a periodic basis to verify they are still employed. Click on "Edit."



(If an applicant has an employment history in OK-SCREEN, it will appear on the Employment Tab.)

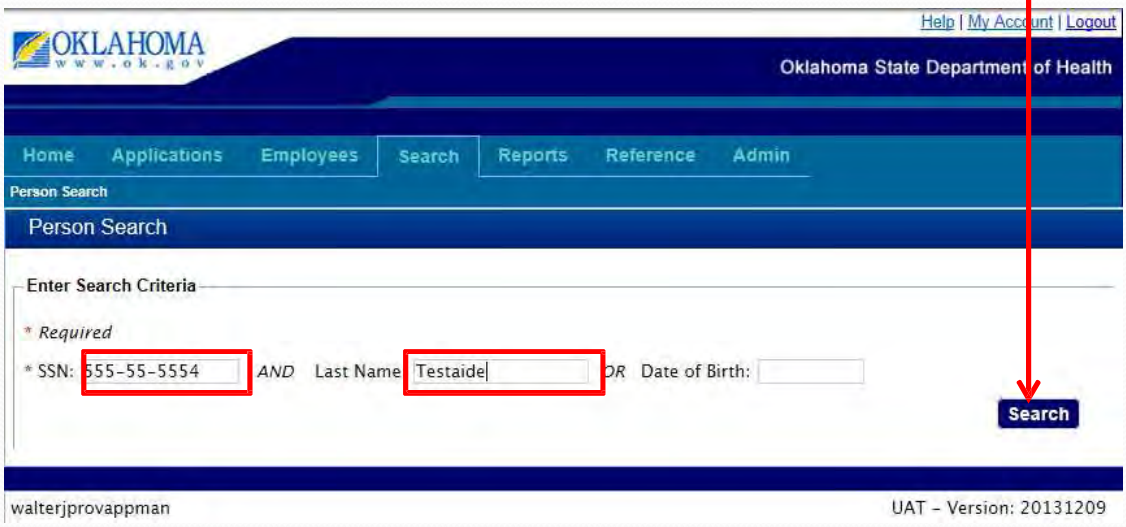


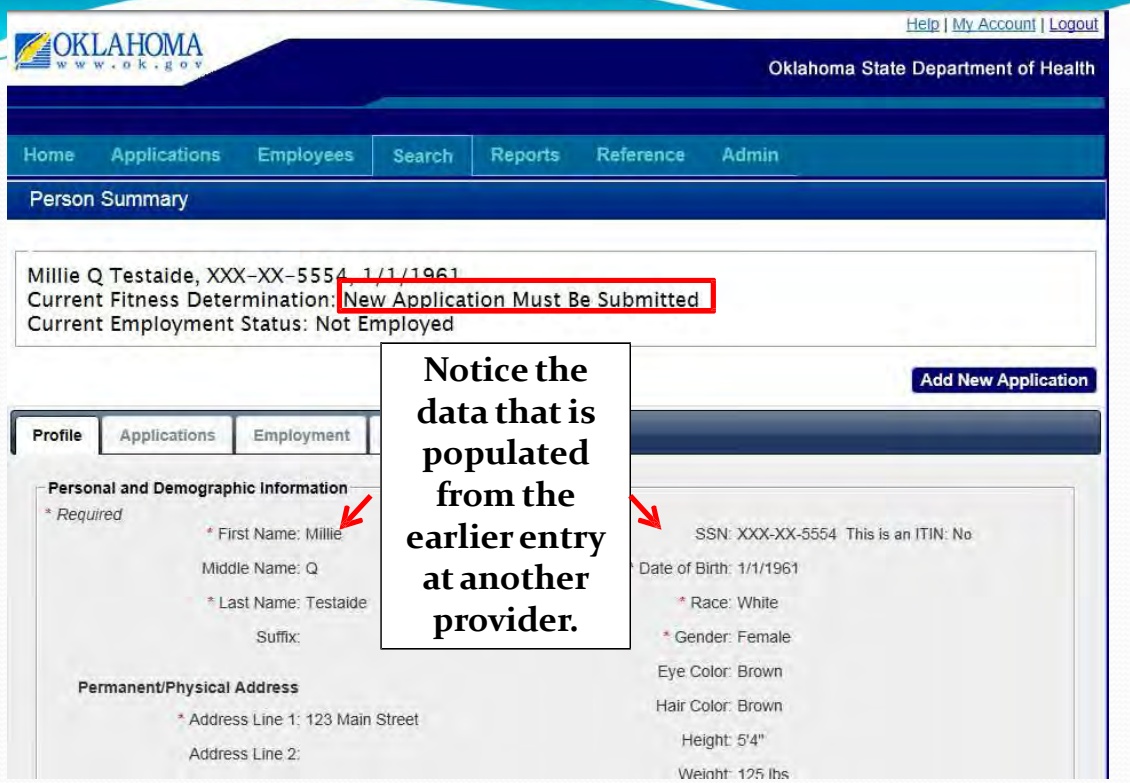
Note that you cannot permanently hire Anna Testaide until you have a determination of "Eligible." You can only separate her at this point.



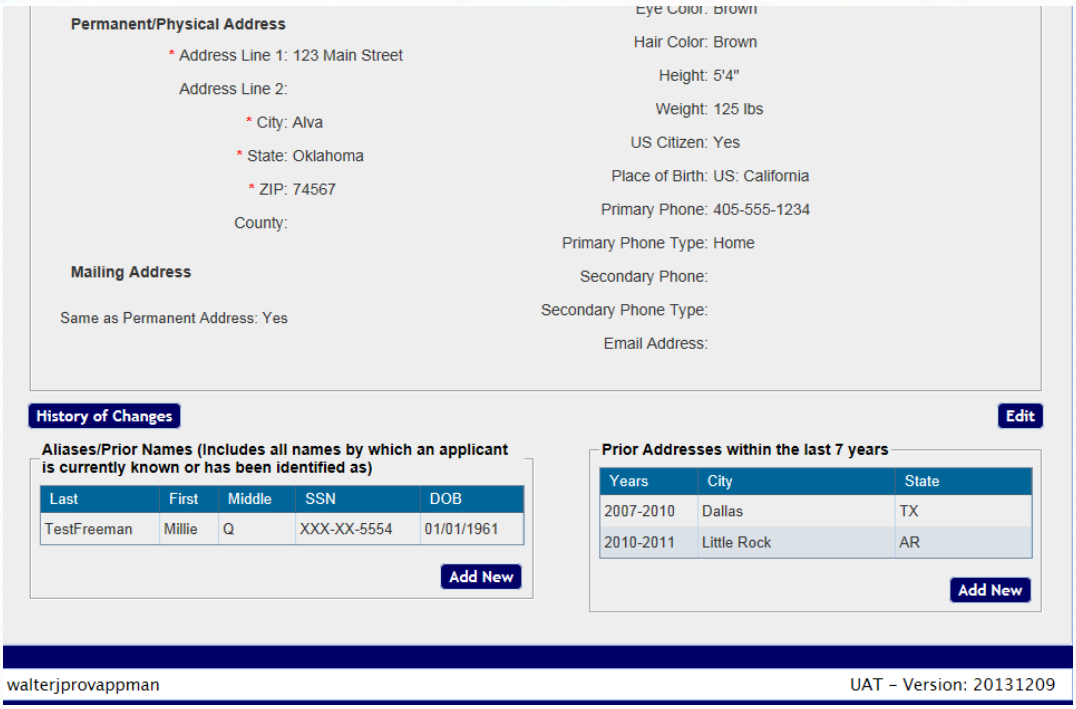
The Documents tab. From here the user can view various documents generated from the screening and background check process.

Let's look at what happens when an applicant is already in the system. This is what a different provider would see when entering an application for the same aide. From the *Add New* screen a new applicant's SSN and last name have been entered. Select *Search*.

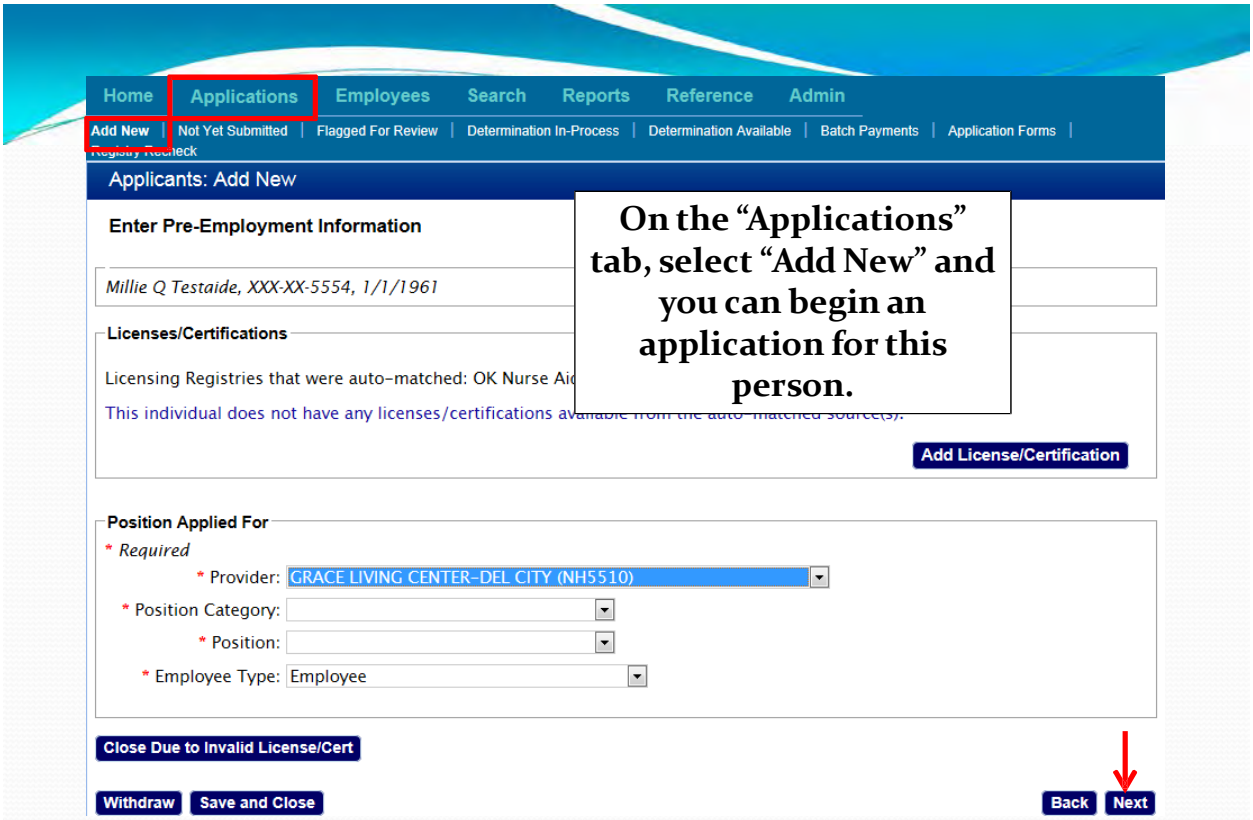


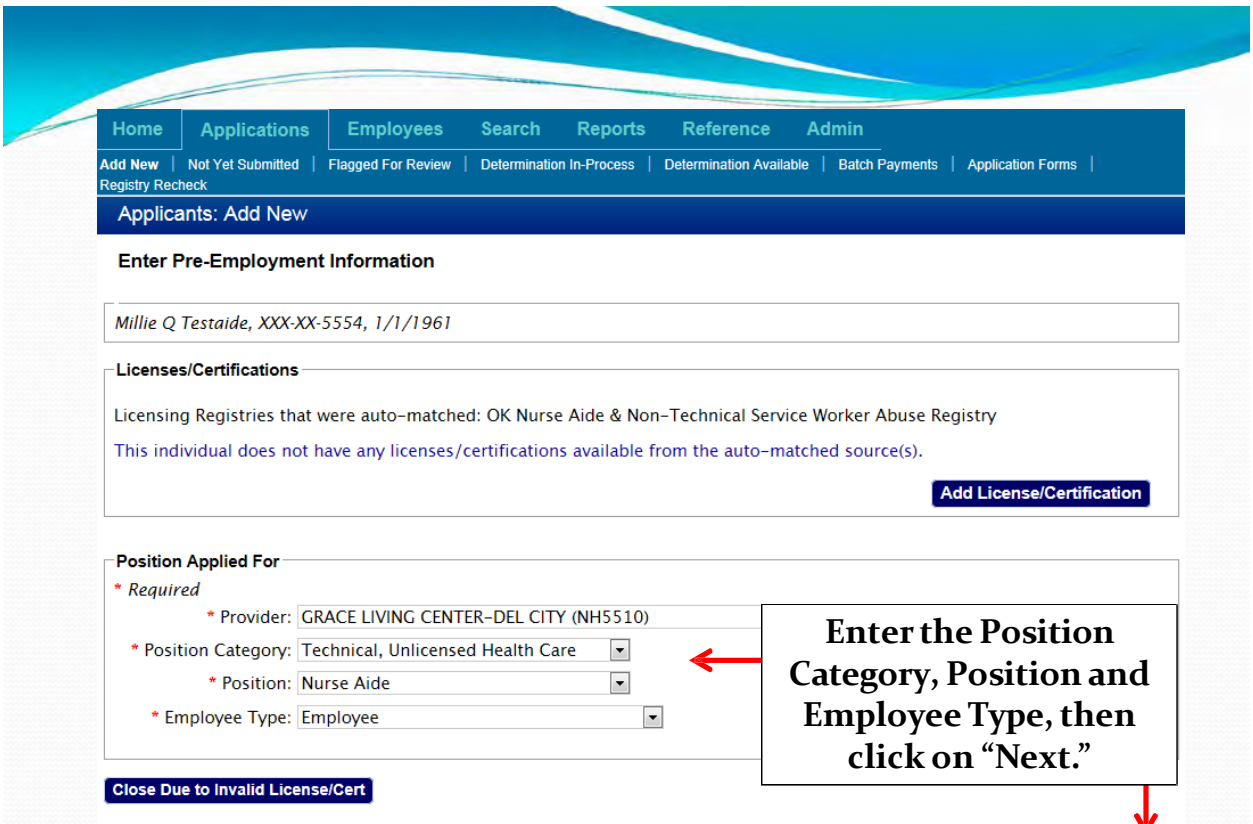


Notice the data that is populated from the earlier entry at another provider.



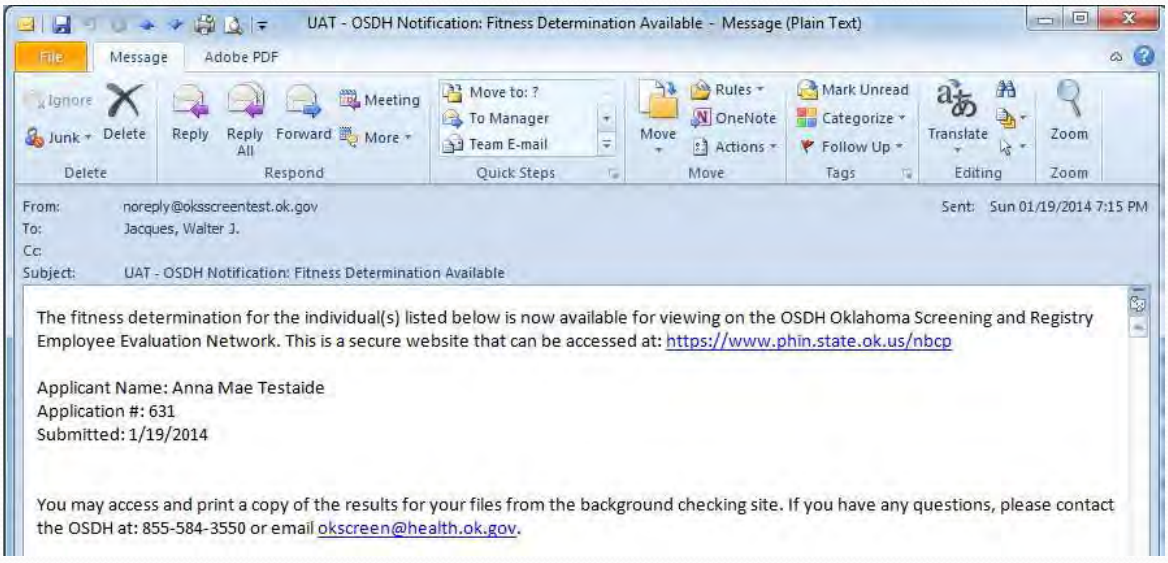
Note that on the Employment tab, one provider does not see the employment status of an applicant at another provider.

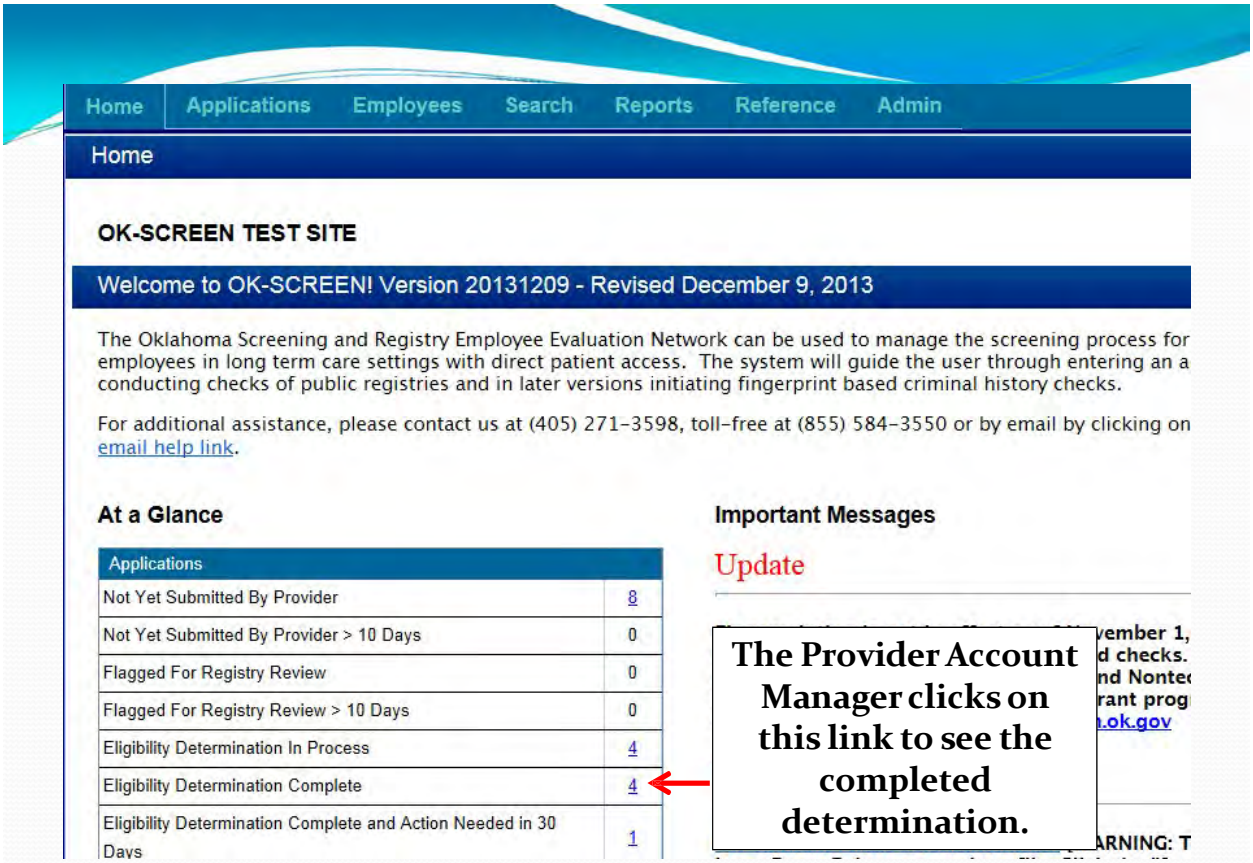

Home
Applications
Employees
Search
Reports
Reference
Admin
Add New
Not Yet Submitted
Flagged For Review
Determination In-Process
Determination Available
Batch Payments
Application Forms
Applicants: Add New
Enter Pre-Employment Information
Millie Q Testaide, XXX-XX-5554, 1/1/1961
Licensing Registries that were auto-matched: OK Nurse Aid
This individual does not have any licenses/certifications available from the auto-matched source(s).
Add License/Certification
Position Applied For
* Required
* Provider: GRACE LIVING CENTER-DEL CITY (NH5510)
* Position Category:
* Position:
* Employee Type: Employee
Close Due to Invalid License/Cert
Withdraw
Save and Close
Back
Next
On the "Applications" tab, select "Add New" and you can begin an application for this person.


Home
Applications
Employees
Search
Reports
Reference
Admin
Add New
Not Yet Submitted
Flagged For Review
Determination In-Process
Determination Available
Batch Payments
Application Forms
Registry Recheck
Applicants: Add New
Enter Pre-Employment Information
Millie Q Testaide, XXX-XX-5554, 1/1/1961
Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry
This individual does not have any licenses/certifications available from the auto-matched source(s).
Add License/Certification
Position Applied For
* Required
* Provider: GRACE LIVING CENTER-DEL CITY (NH5510)
* Position Category: Technical, Unlicensed Health Care
* Position: Nurse Aide
* Employee Type: Employee
Close Due to Invalid License/Cert
Withdraw
Save and Close
Back
Next
Enter the Position Category, Position and Employee Type, then click on "Next."

Continue to follow the process of entering an applicant as previously shown…

When the Determination has been made by the ONBCP, this causes the Provider Account Manager at the provider initiating the application to receive an email like this:




Home
Applications
Employees
Search
Reports
Reference
Admin
Home
OK-SCREEN TEST SITE
Welcome to OK-SCREEN! Version 20131209 - Revised December 9, 2013
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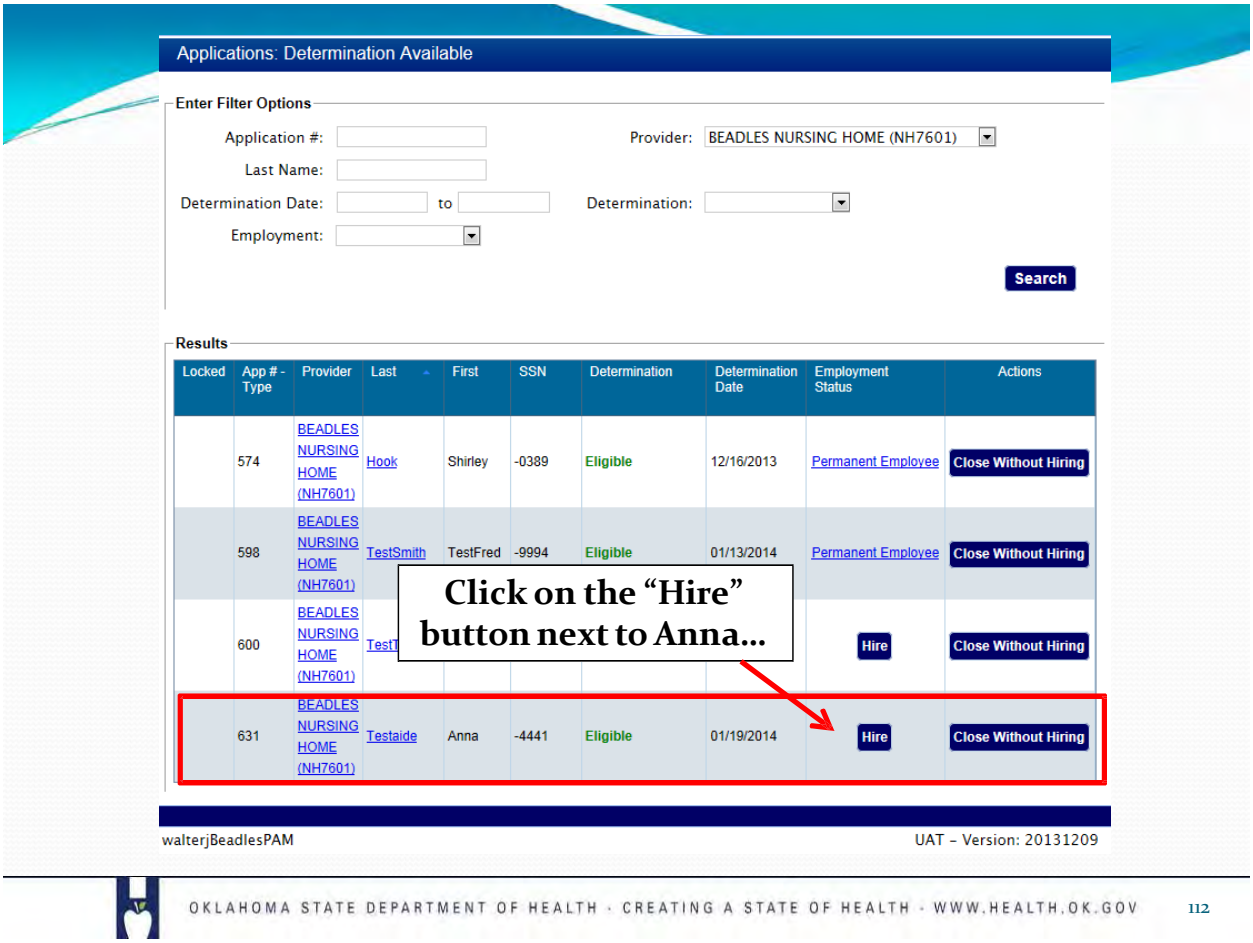
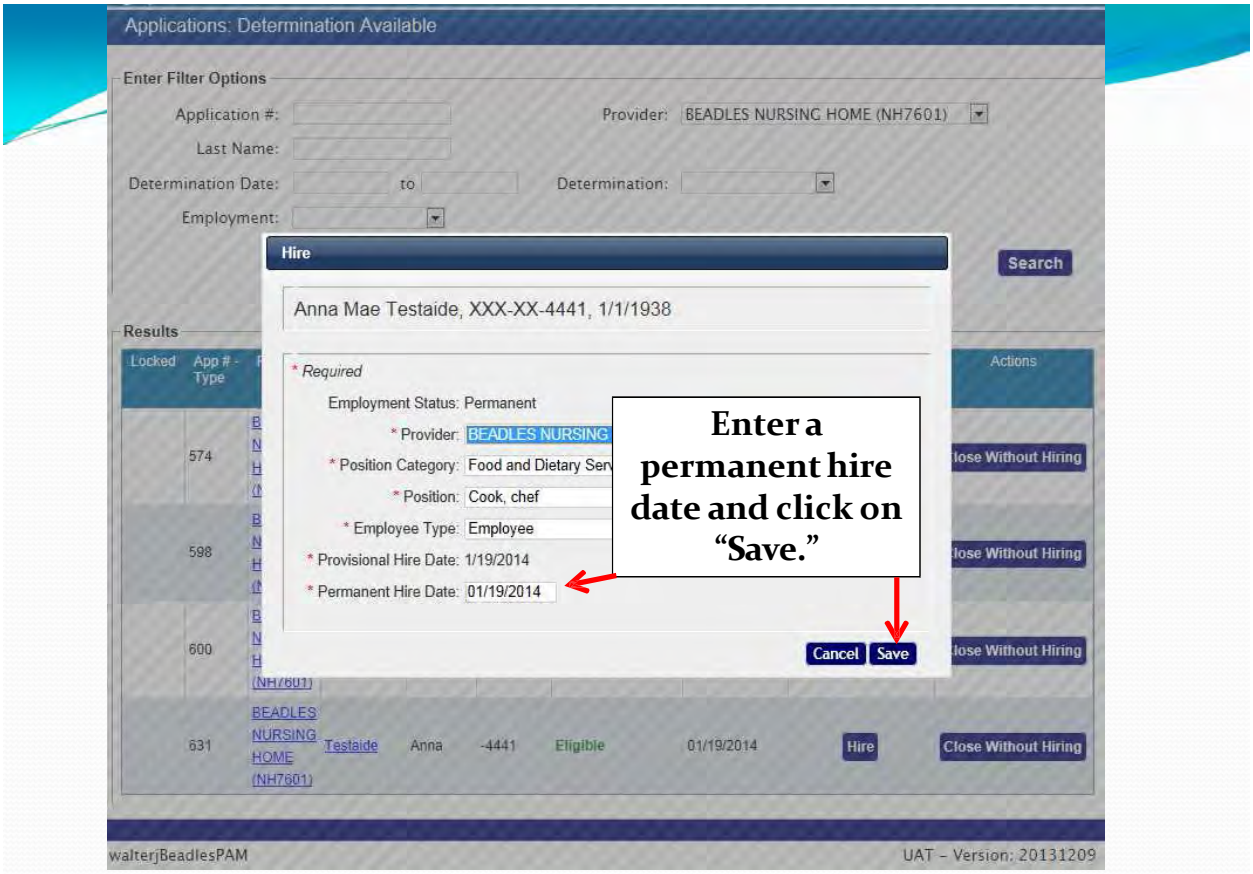
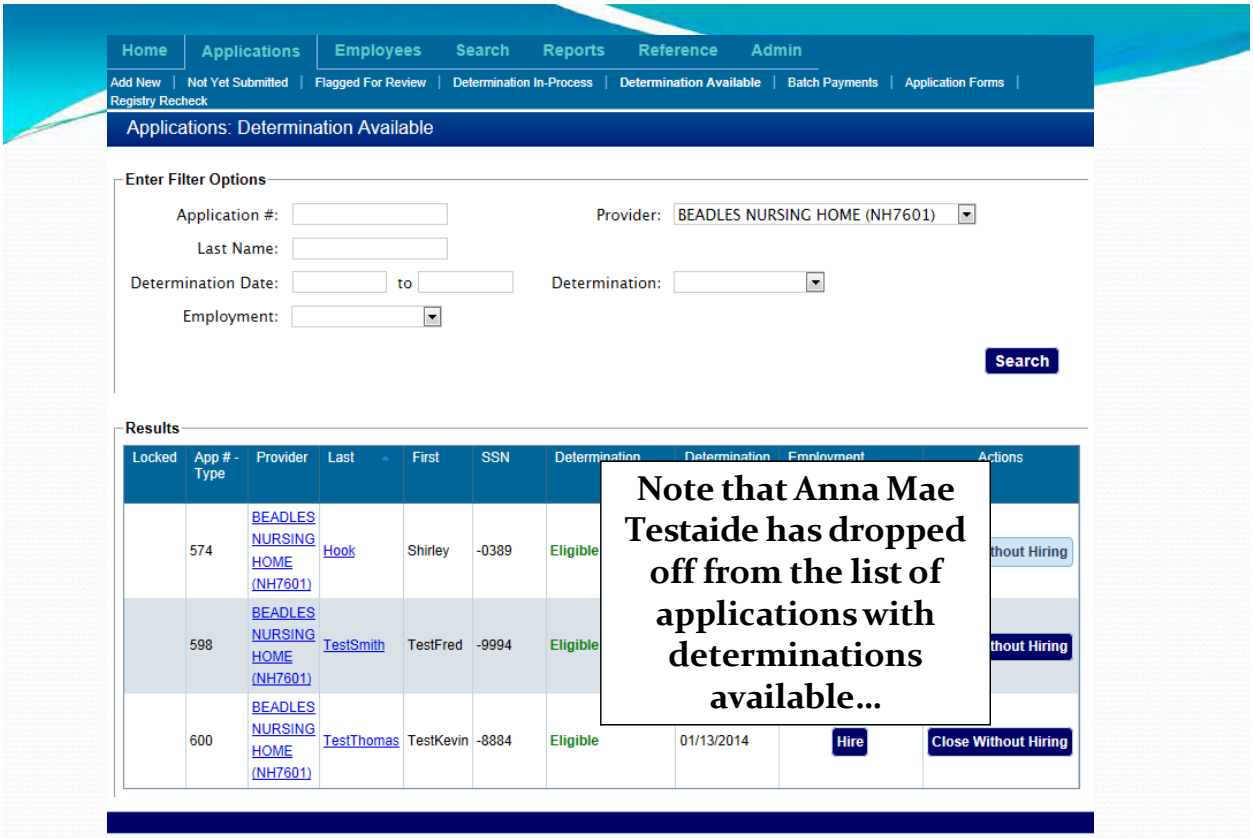
At a Glance
Applications
Not Yet Submitted By Provider 8
Not Yet Submitted By Provider > 10 Days 0
Flagged For Registry Review 0
Flagged For Registry Review > 10 Days 0
Eligibility Determination In Process 4
Eligibility Determination Complete 4
Eligibility Determination Complete and Action Needed in 30 Days 1
Important Messages
Update
The Provider Account Manager clicks on this link to see the completed determination.


Applications: Determination Available
Enter Filter Options
Application #:
Last Name:
Determination Date: to
Employment:
Provider: BEADLES NURSING HOME (NH7601)
Determination:
Search
Results
Locked | App # - Type | Provider | Last | First | SSN | Determination | Determination Date | Employment Status | Actions
574 | BEADLES NURSING HOME (NH7601) | Hook | Shirley | -0389 | Eligible | 12/16/2013 | Permanent Employee | Close Without Hiring
598 | BEADLES NURSING HOME (NH7601) | TestSmith | TestFred | -9994 | Eligible | 01/13/2014 | Permanent Employee | Close Without Hiring
600 | BEADLES NURSING HOME (NH7601) | | | | | | Hire | Close Without Hiring
631 | BEADLES NURSING HOME (NH7601) | Testaide | Anna | -4441 | Eligible | 01/19/2014 | Hire | Close Without Hiring
Click on the "Hire" button next to Anna...
walterjBeadlesPAM
UAT - Version: 20131209


Applications: Determination Available
Enter Filter Options
Application #:
Provider: BEADLES NURSING HOME (NH7601)
Last Name:
Determination Date: to
Determination:
Employment:
Search
Hire
Anna Mae Testaide, XXX-XX-4441, 1/1/1938
* Required
Employment Status: Permanent
* Provider: BEADLES NURSING
* Position Category: Food and Dietary Serv
* Position: Cook, chef
* Employee Type: Employee
* Provisional Hire Date: 1/19/2014
* Permanent Hire Date: 01/19/2014
Cancel
Save
Enter a permanent hire date and click on "Save."
Results
Locked
App # - Type
Actions
574
598
600
631
BEADLES NURSING HOME (NH7601)
Testaide
Anna
-4441
Eligible
01/19/2014
Hire
Close Without Hiring
walterjBeadlesPAM
UAT - Version: 20131209


Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applications: Determination Available
Enter Filter Options
Application #:
Provider: BEADLES NURSING HOME (NH7601)
Last Name:
Determination Date: to
Determination:
Employment:
Search
Results
Locked
App # - Type
Provider
Last
First
SSN
Determination
Determination
Employment
Actions
574
BEADLES NURSING HOME (NH7601)
Hook
Shirley
-0389
Eligible
598
BEADLES NURSING HOME (NH7601)
TestSmith
TestFred
-9994
Eligible
600
BEADLES NURSING HOME (NH7601)
TestThomas
TestKevin
-8884
Eligible
01/13/2014
Hire
Close Without Hiring
Note that Anna Mae Testaide has dropped off from the list of applications with determinations available…
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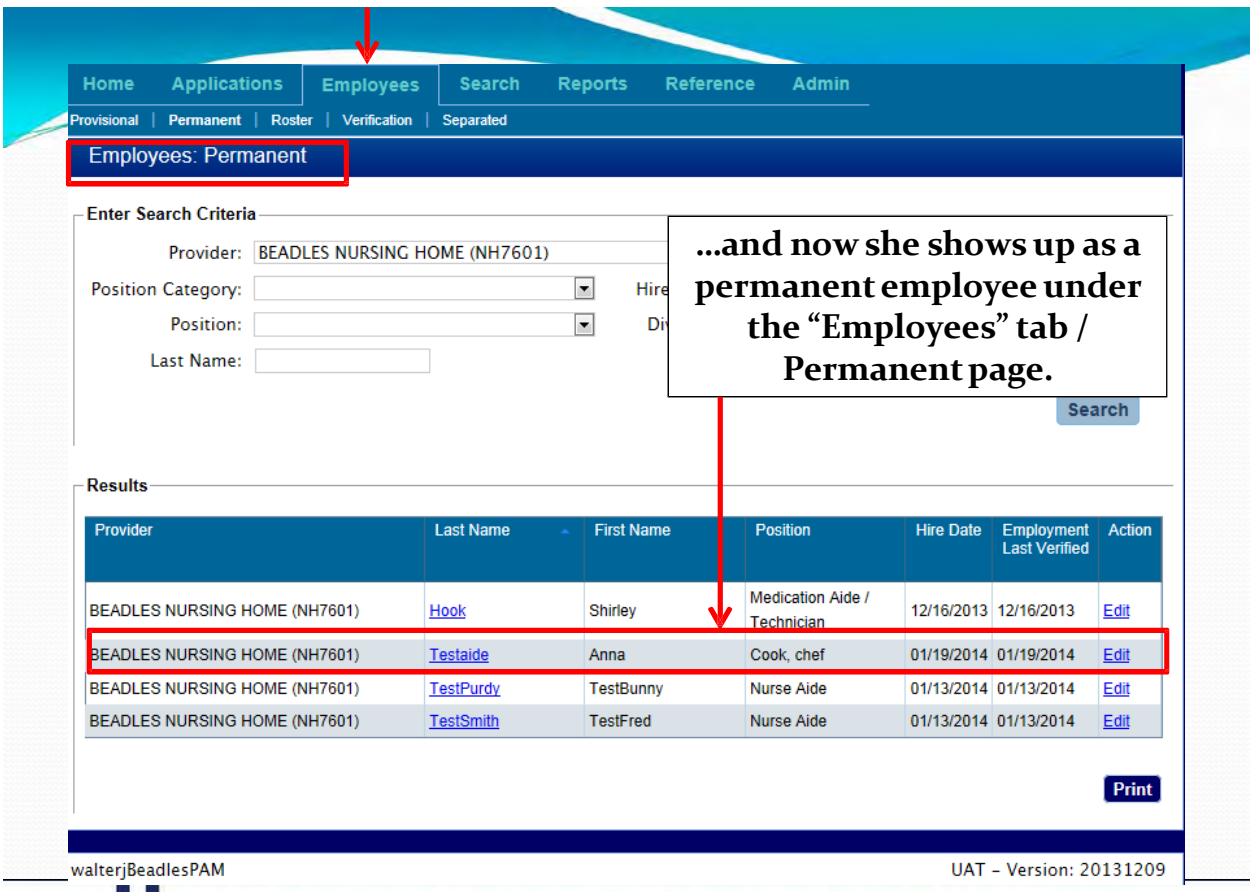
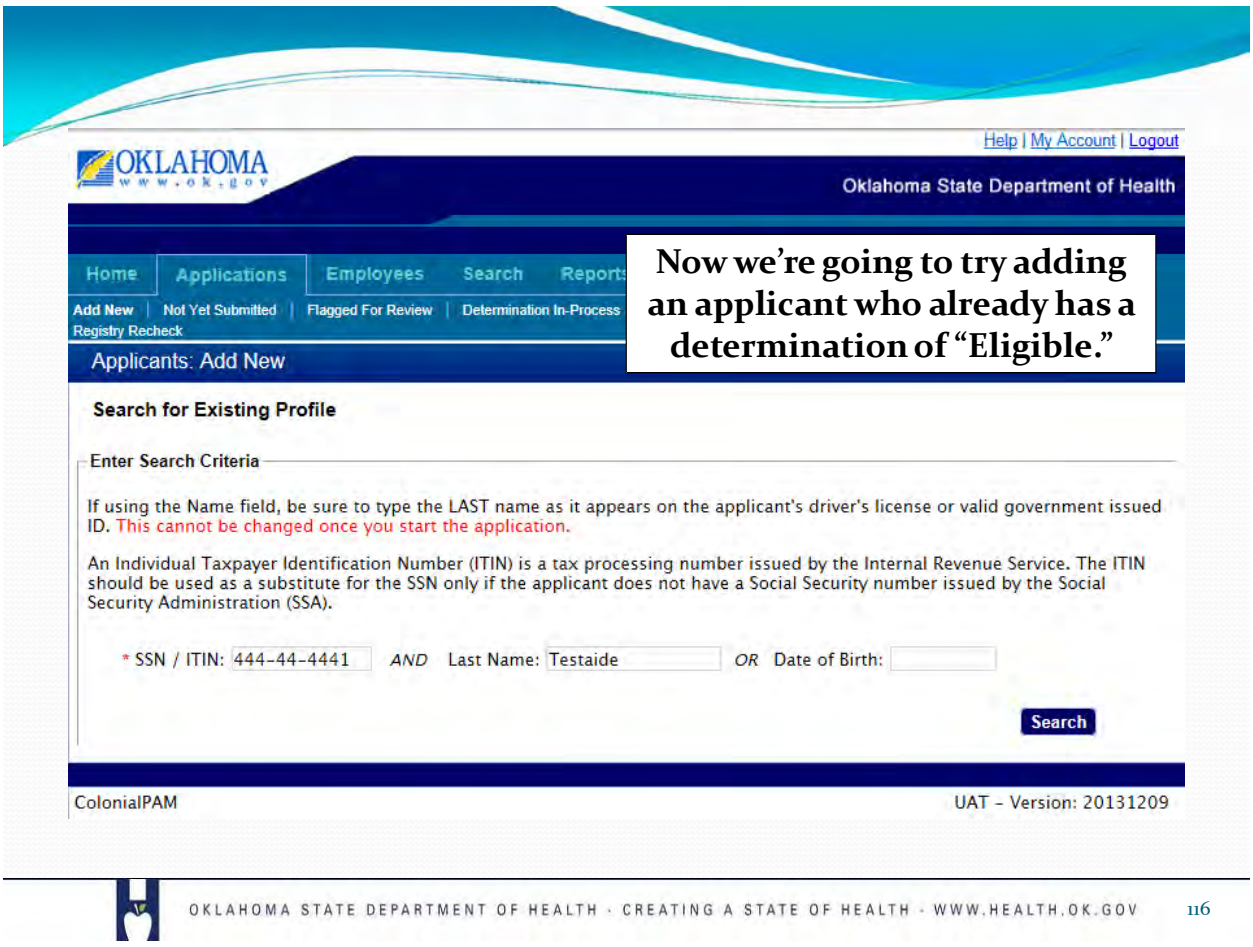
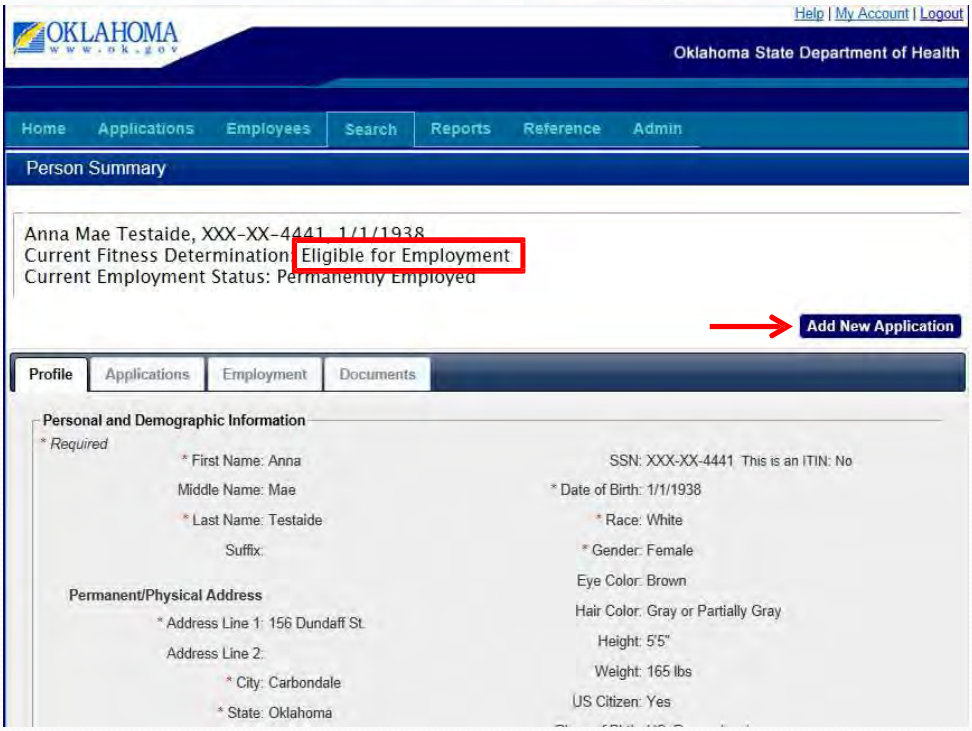
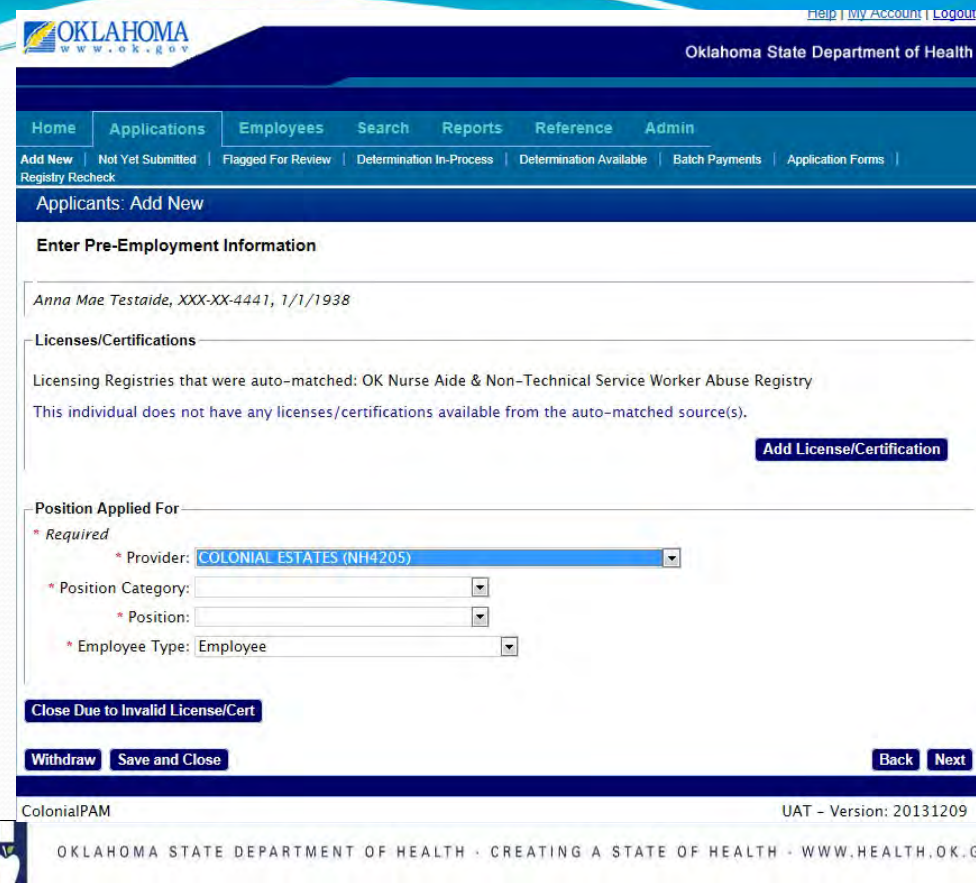

Home
Applications
Employees
Search
Reports
Reference
Admin
Provisional | Permanent | Roster | Verification | Separated
Employees: Permanent
Enter Search Criteria
Provider: BEADLES NURSING HOME (NH7601)
Position Category:
Position:
Last Name:
Search
...and now she shows up as a permanent employee under the "Employees" tab / Permanent page.
Results
Provider
Last Name
First Name
Position
Hire Date
Employment Last Verified
Action
BEADLES NURSING HOME (NH7601) Hook Shirley Medication Aide / Technician 12/16/2013 12/16/2013 Edit
BEADLES NURSING HOME (NH7601) Testaide Anna Cook, chef 01/19/2014 01/19/2014 Edit
BEADLES NURSING HOME (NH7601) TestPurdy TestBunny Nurse Aide 01/13/2014 01/13/2014 Edit
BEADLES NURSING HOME (NH7601) TestSmith TestFred Nurse Aide 01/13/2014 01/13/2014 Edit
Print
walterjBeadlesPAM
UAT - Version: 20131209


Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process
Registry Recheck
Applicants: Add New
Now we're going to try adding an applicant who already has a determination of "Eligible."
Search for Existing Profile
Enter Search Criteria
If using the Name field, be sure to type the LAST name as it appears on the applicant's driver's license or valid government issued ID. This cannot be changed once you start the application.
An Individual Taxpayer Identification Number (ITIN) is a tax processing number issued by the Internal Revenue Service. The ITIN should be used as a substitute for the SSN only if the applicant does not have a Social Security number issued by the Social Security Administration (SSA).
* SSN / ITIN: 444-44-4441 AND Last Name: Testaide OR Date of Birth:
Search
ColonialPAM
UAT - Version: 20131209


Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Person Summary
Anna Mae Testaide, XXX-XX-4441, 1/1/1938
Current Fitness Determination: Eligible for Employment
Current Employment Status: Permanently Employed
Add New Application
Profile
Applications
Employment
Documents
Personal and Demographic Information
* Required
* First Name: Anna
Middle Name: Mae
* Last Name: Testaide
Suffix:
SSN: XXX-XX-4441 This is an ITIN: No
* Date of Birth: 1/1/1938
* Race: White
* Gender: Female
Eye Color: Brown
Hair Color: Gray or Partially Gray
Height: 5'5"
Weight: 165 lbs
US Citizen: Yes
Permanent/Physical Address
* Address Line 1: 156 Dundaff St
Address Line 2:
* City: Carbondale
* State: Oklahoma


Help | My Account | Logout
OKLAHOMA
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Oklahoma State Department of Health
Home
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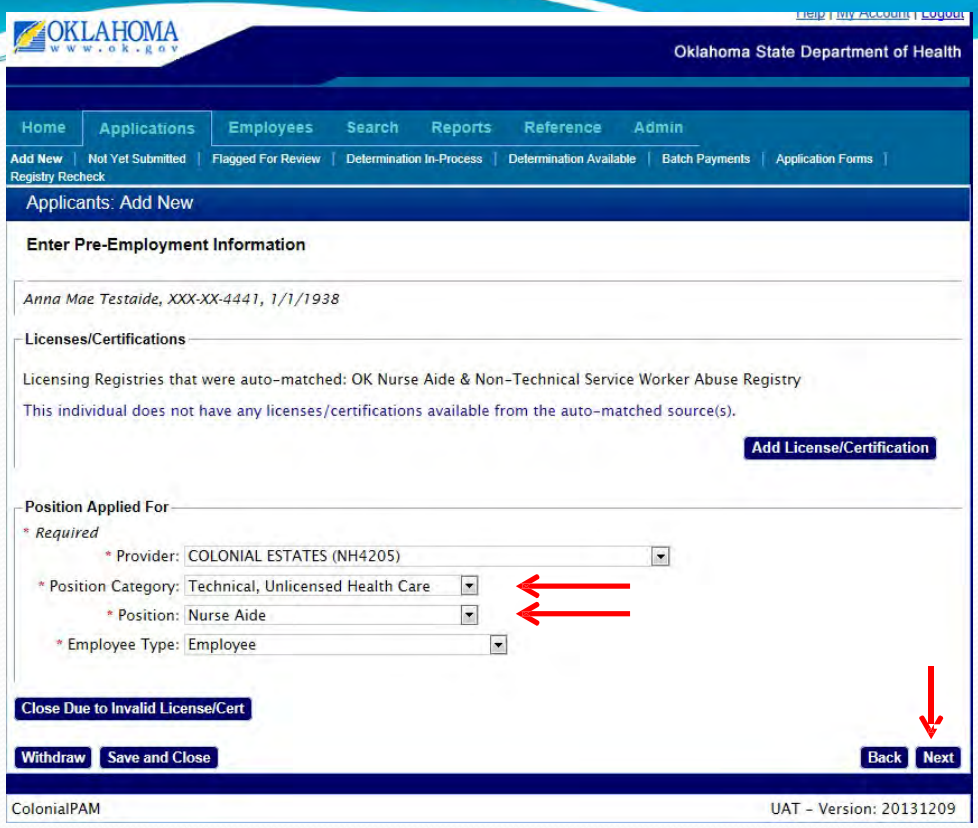
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Enter Pre-Employment Information
Anna Mae Testaide, XXX-XX-4441, 1/1/1938
Licenses/Certifications
Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry
This individual does not have any licenses/certifications available from the auto-matched source(s).
Add License/Certification
Position Applied For
* Required
* Provider: COLONIAL ESTATES (NH4205)
* Position Category:
* Position:
* Employee Type: Employee
Close Due to Invalid License/Cert
Withdraw
Save and Close
Back
Next
ColonialPAM
UAT - Version: 20131209


OKLAHOMA
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Oklahoma State Department of Health
Home
Applications
Employees
Search
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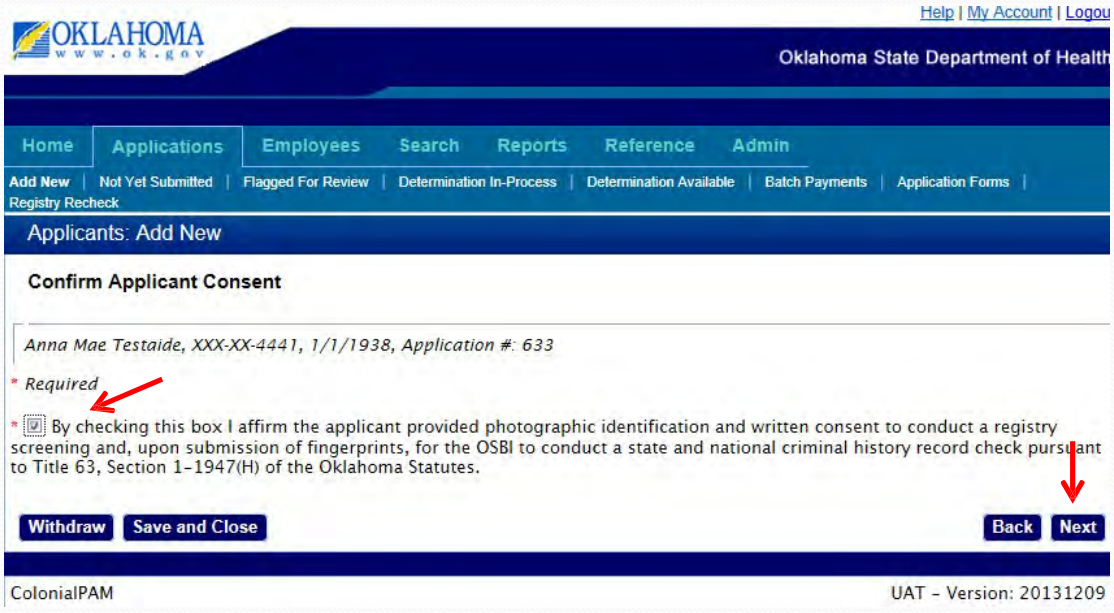
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Enter Pre-Employment Information
Anna Mae Testaide, XXX-XX-4441, 1/1/1938
Licenses/Certifications
Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry
This individual does not have any licenses/certifications available from the auto-matched source(s).
Add License/Certification
Position Applied For
* Required
* Provider: COLONIAL ESTATES (NH4205)
* Position Category: Technical, Unlicensed Health Care
* Position: Nurse Aide
* Employee Type: Employee
Close Due to Invalid License/Cert
Withdraw
Save and Close
Back
Next
ColonialPAM
UAT - Version: 20131209


OKLAHOMA
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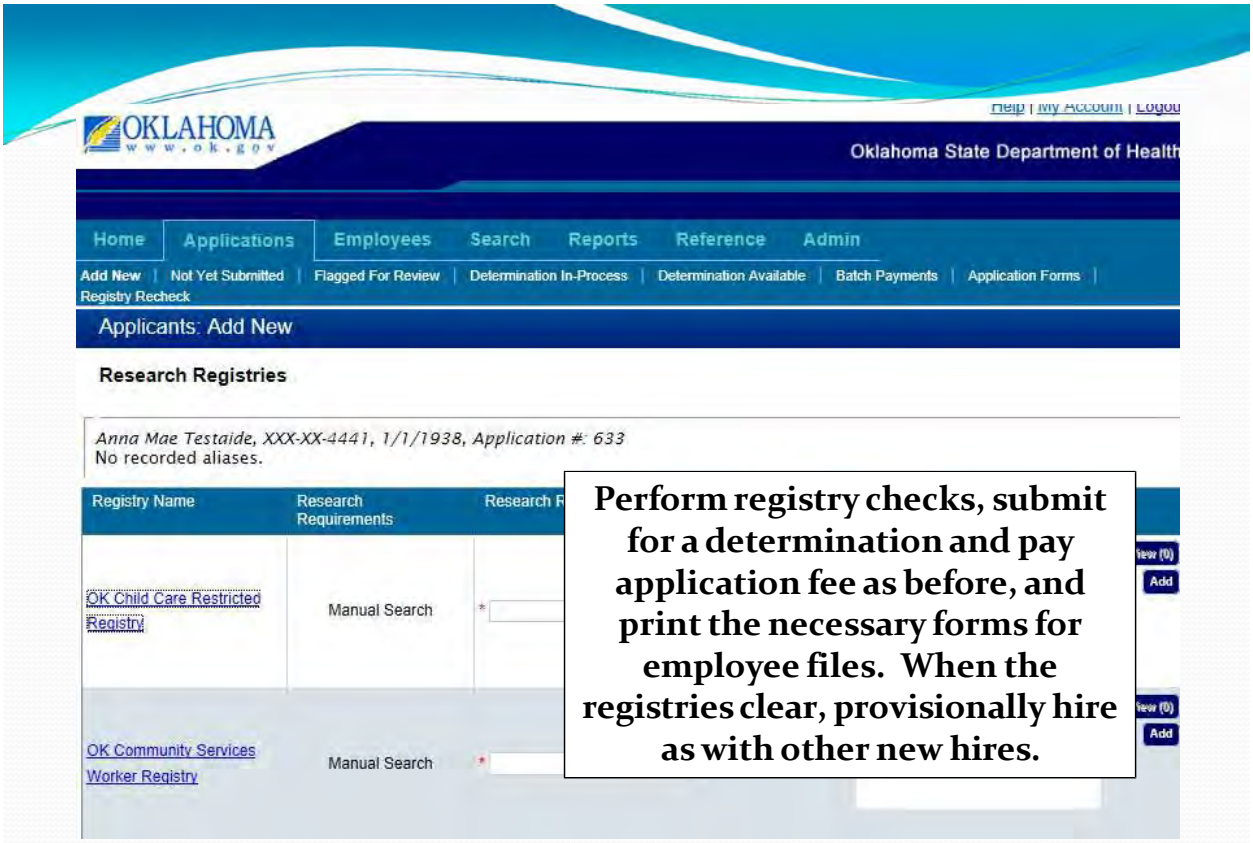
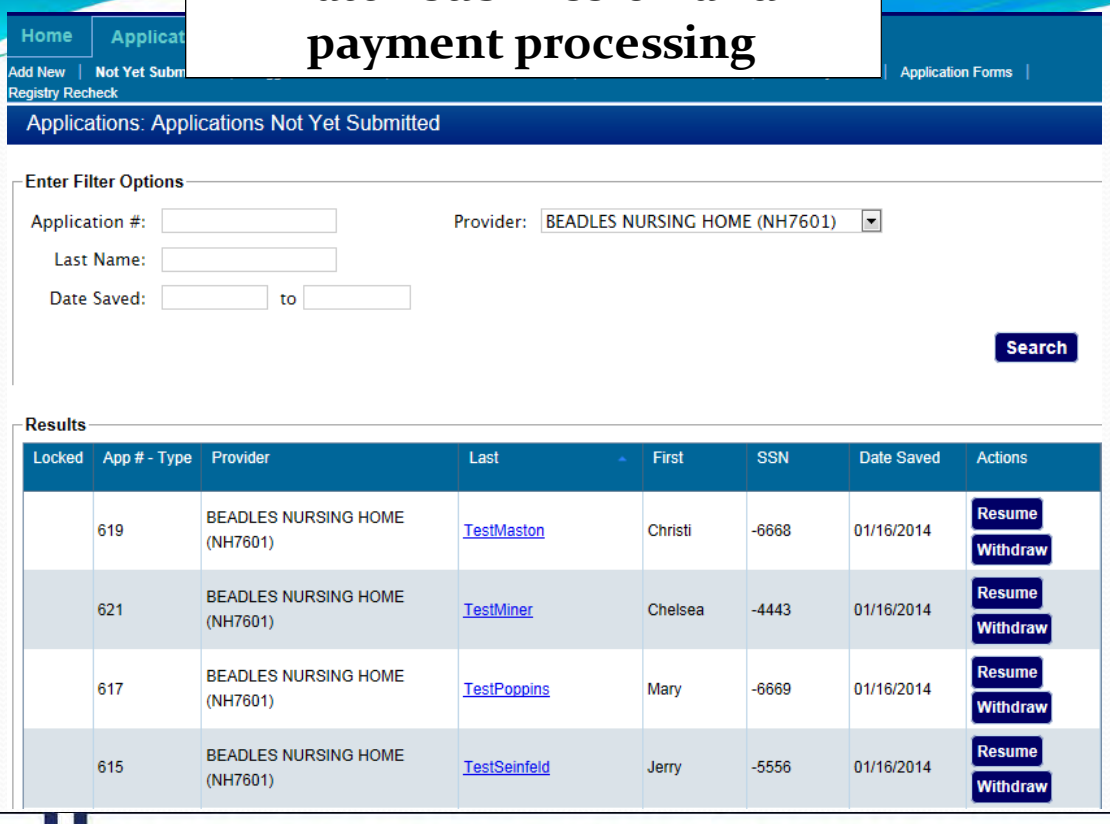
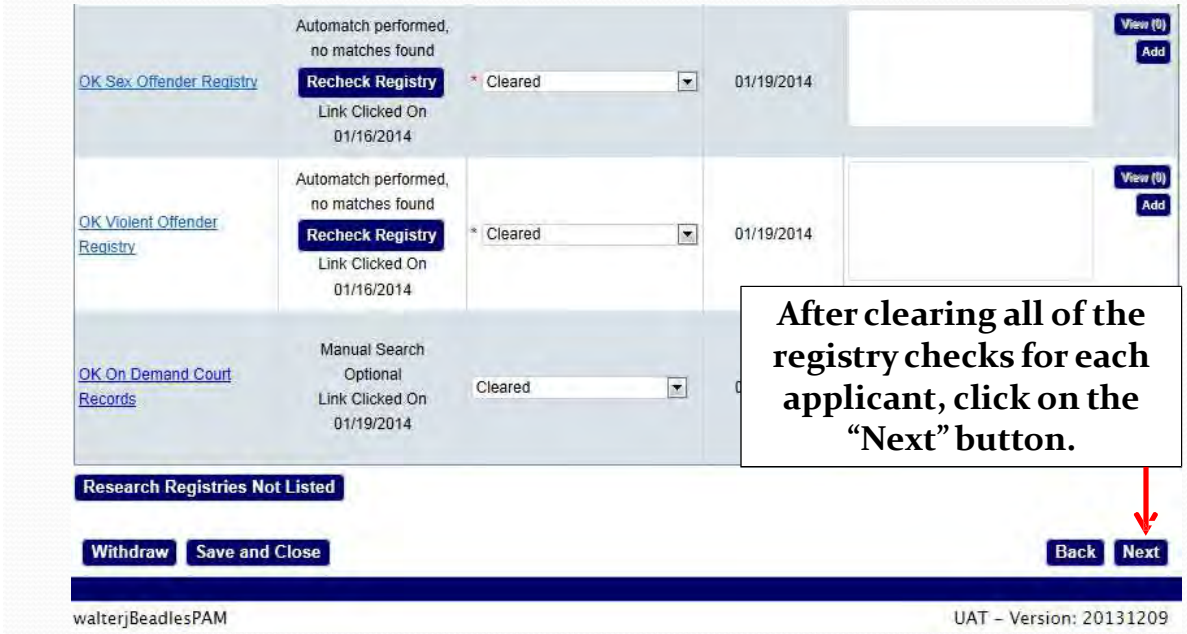
Help | My Account | Logou
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Confirm Applicant Consent
Anna Mae Testaide, XXX-XX-4441, 1/1/1938, Application #: 633
* Required
* By checking this box I affirm the applicant provided photographic identification and written consent to conduct a registry screening and, upon submission of fingerprints, for the OSBI to conduct a state and national criminal history record check pursuant to Title 63, Section 1-1947(H) of the Oklahoma Statutes.
Withdraw
Save and Close
Back
Next
ColonialPAM
UAT - Version: 20131209



Batch submission and payment processing




OK Sex Offender Registry
Automatch performed, no matches found
Recheck Registry
Link Clicked On 01/16/2014
Cleared
01/19/2014
View (0)
Add
OK Violent Offender Registry
Automatch performed, no matches found
Recheck Registry
Link Clicked On 01/16/2014
Cleared
01/19/2014
View (0)
Add
OK On Demand Court Records
Manual Search Optional
Link Clicked On 01/19/2014
Cleared
After clearing all of the registry checks for each applicant, click on the "Next" button.
Research Registries Not Listed
Withdraw
Save and Close
Back
Next
walterjBeadlesPAM
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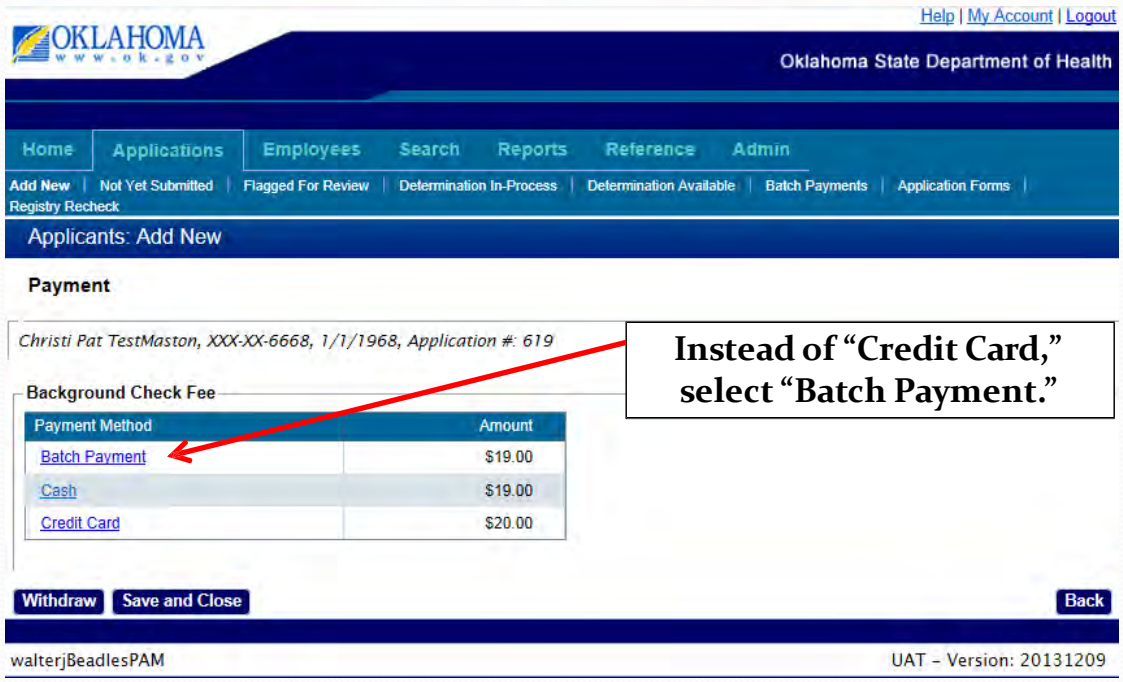
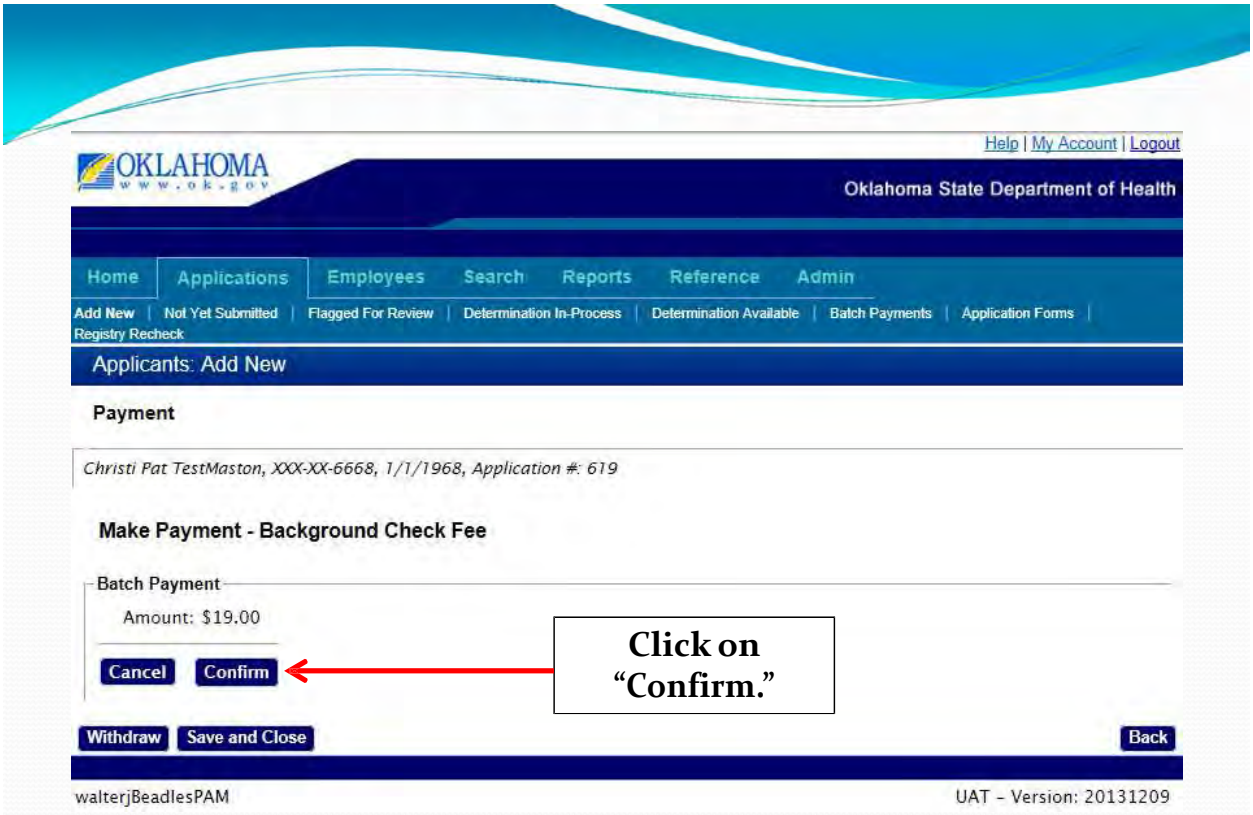

Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Payment
Christi Pat TestMaston, XXX-XX-6668, 1/1/1968, Application #: 619
Background Check Fee
Payment Method
Amount
Batch Payment
$19.00
Cash
$19.00
Credit Card
$20.00
Instead of "Credit Card," select "Batch Payment."
Withdraw
Save and Close
Back
walterjBeadlesPAM
UAT – Version: 20131209


Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
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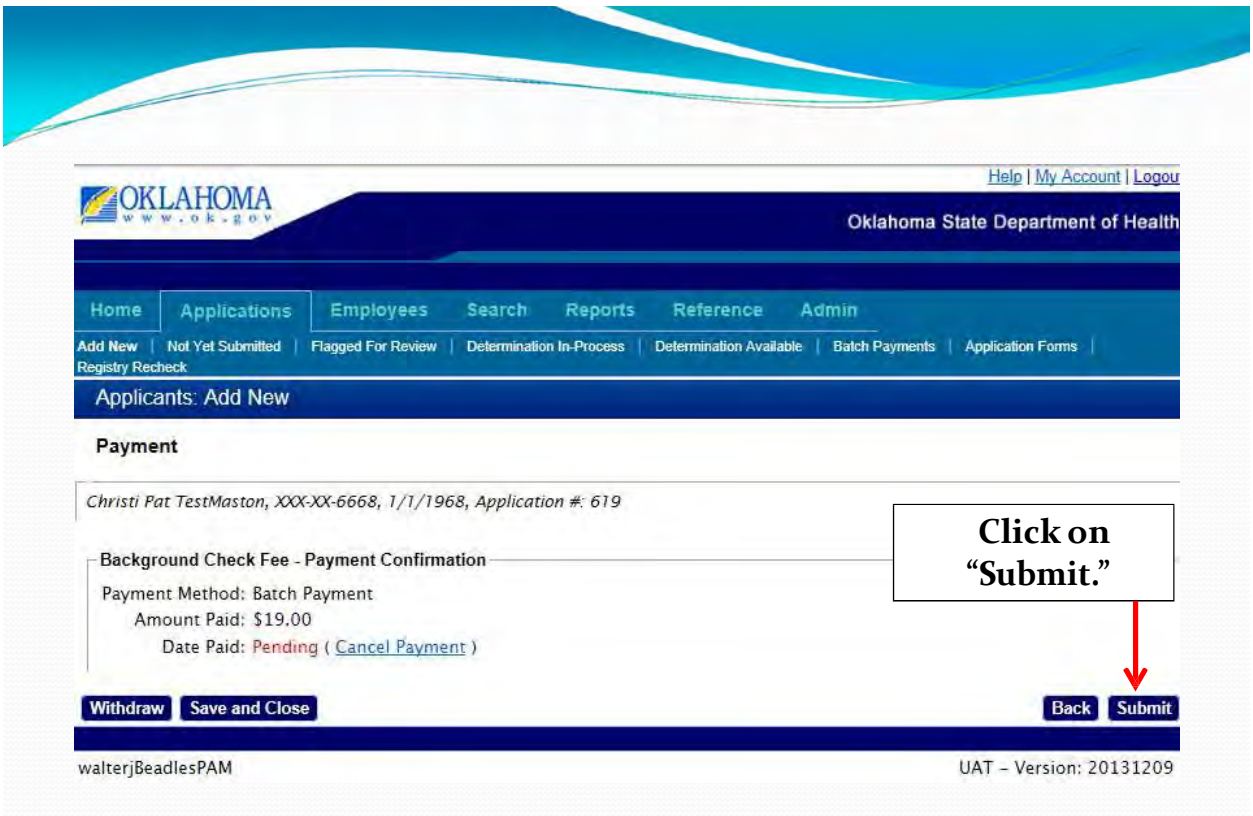
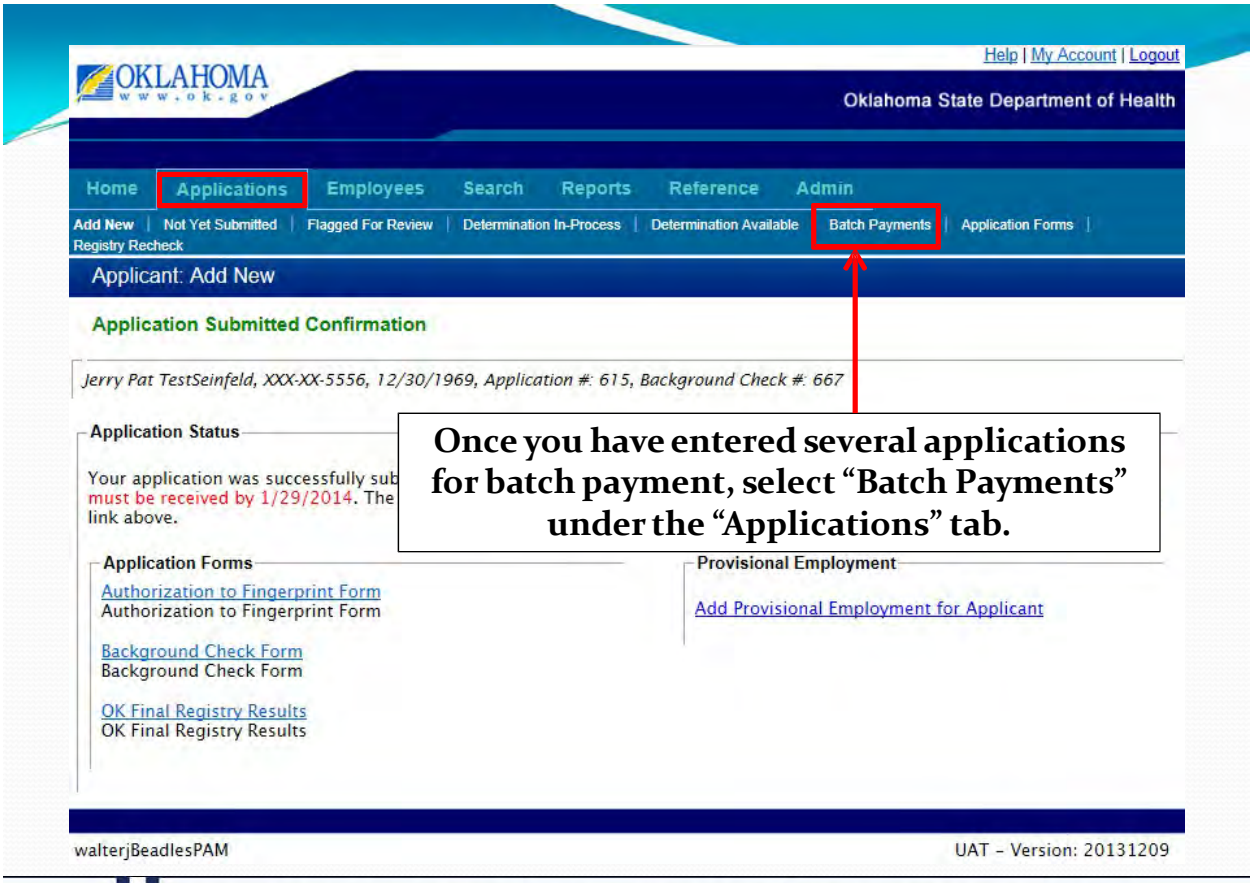
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Payment
Christi Pat TestMaston, XXX-XX-6668, 1/1/1968, Application #: 619
Make Payment - Background Check Fee
Batch Payment
Amount: $19.00
Cancel
Confirm
Click on "Confirm."
Withdraw
Save and Close
Back
walterjBeadlesPAM
UAT – Version: 20131209


Help | My Account | Logou
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicants: Add New
Payment
Christi Pat TestMaston, XXX-XX-6668, 1/1/1968, Application #: 619
Background Check Fee - Payment Confirmation
Payment Method: Batch Payment
Amount Paid: $19.00
Date Paid: Pending (Cancel Payment)
Click on "Submit."
Withdraw
Save and Close
Back
Submit
walterjBeadlesPAM
UAT – Version: 20131209


Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applicant: Add New
Application Submitted Confirmation
Jerry Pat TestSeinfeld, XXX-XX-5556, 12/30/1969, Application #: 615, Background Check #: 667
Application Status
Your application was successfully sub
must be received by 1/29/2014. The
link above.
Application Forms
Authorization to Fingerprint Form
Authorization to Fingerprint Form
Background Check Form
Background Check Form
OK Final Registry Results
OK Final Registry Results
Provisional Employment
Add Provisional Employment for Applicant
Once you have entered several applications for batch payment, select "Batch Payments" under the "Applications" tab.
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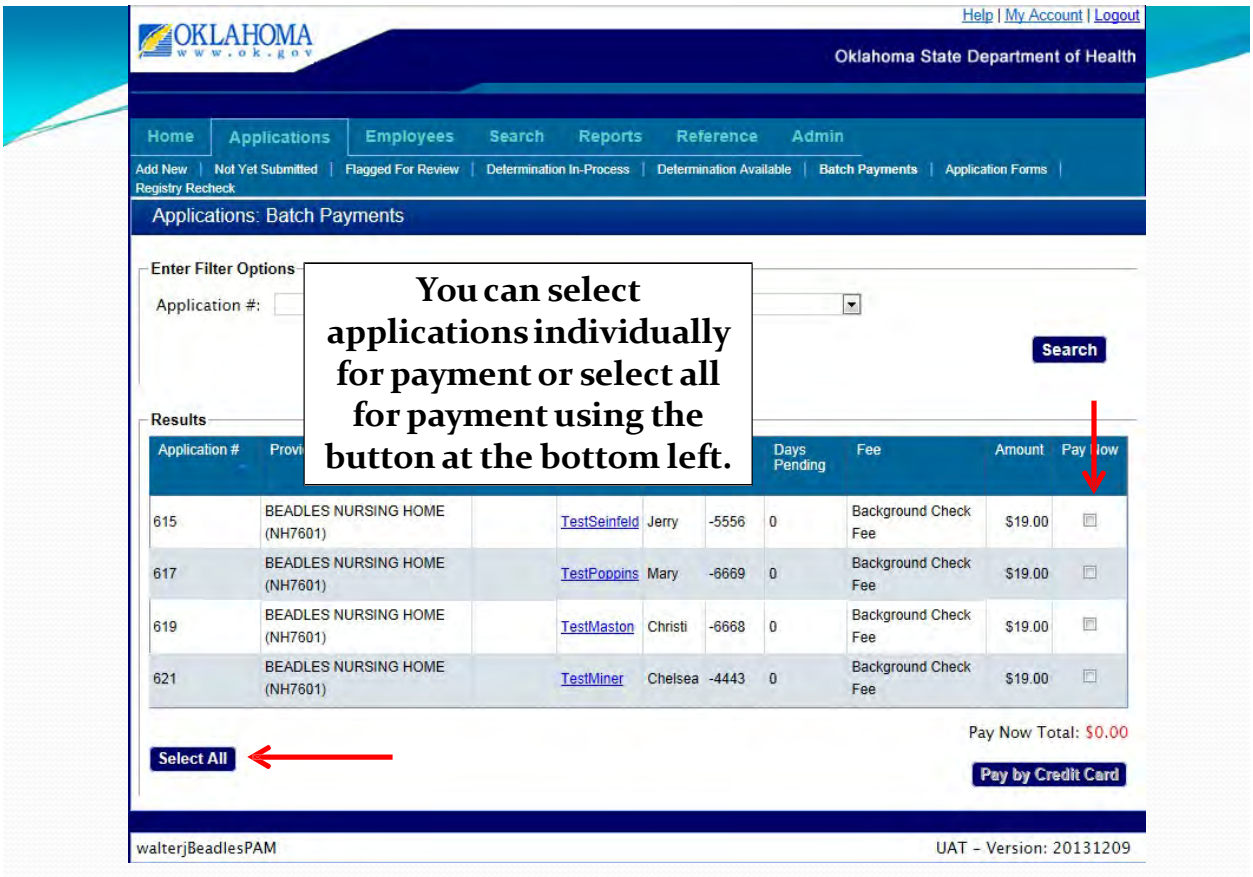
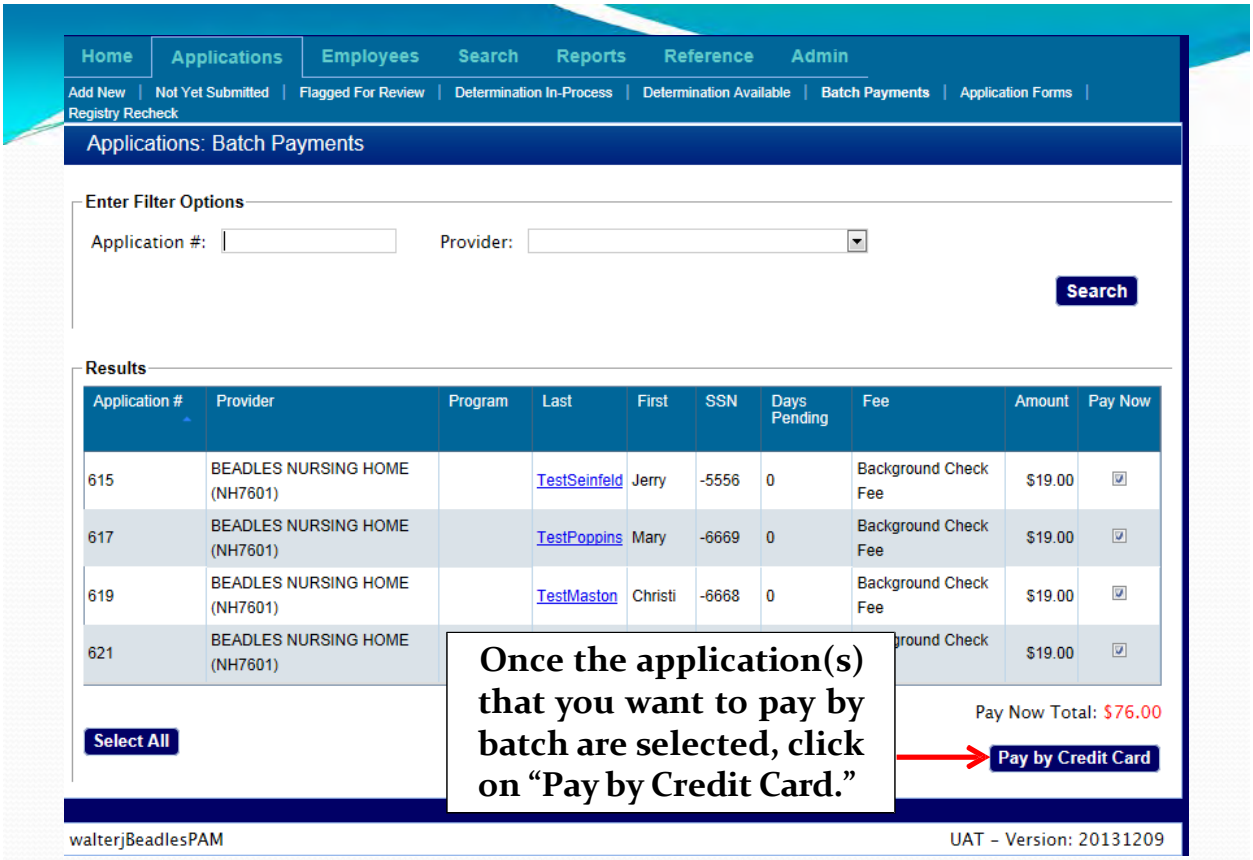

Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applications: Batch Payments
Enter Filter Options
Application #:
Search
Results
Application # | Provi | Days Pending | Fee | Amount | Pay Now
615 | BEADLES NURSING HOME (NH7601) | TestSeinfeld | Jerry | -5556 | 0 | Background Check Fee | $19.00
617 | BEADLES NURSING HOME (NH7601) | TestPoppins | Mary | -6669 | 0 | Background Check Fee | $19.00
619 | BEADLES NURSING HOME (NH7601) | TestMaston | Christi | -6668 | 0 | Background Check Fee | $19.00
621 | BEADLES NURSING HOME (NH7601) | TestMiner | Chelsea | -4443 | 0 | Background Check Fee | $19.00
Pay Now Total: $0.00
Select All
Pay by Credit Card
You can select applications individually for payment or select all for payment using the button at the bottom left.
walterjBeadlesPAM
UAT - Version: 20131209


Home
Applications
Employees
Search
Reports
Reference
Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applications: Batch Payments
Enter Filter Options
Application #:
Provider:
Search
Results
Application # | Provider | Program | Last | First | SSN | Days Pending | Fee | Amount | Pay Now
615 | BEADLES NURSING HOME (NH7601) | | TestSeinfeld | Jerry | -5556 | 0 | Background Check Fee | $19.00
617 | BEADLES NURSING HOME (NH7601) | | TestPoppins | Mary | -6669 | 0 | Background Check Fee | $19.00
619 | BEADLES NURSING HOME (NH7601) | | TestMaston | Christi | -6668 | 0 | Background Check Fee | $19.00
621 | BEADLES NURSING HOME (NH7601) | $19.00
Pay Now Total: $76.00
Select All
Pay by Credit Card
Once the application(s) that you want to pay by batch are selected, click on "Pay by Credit Card."
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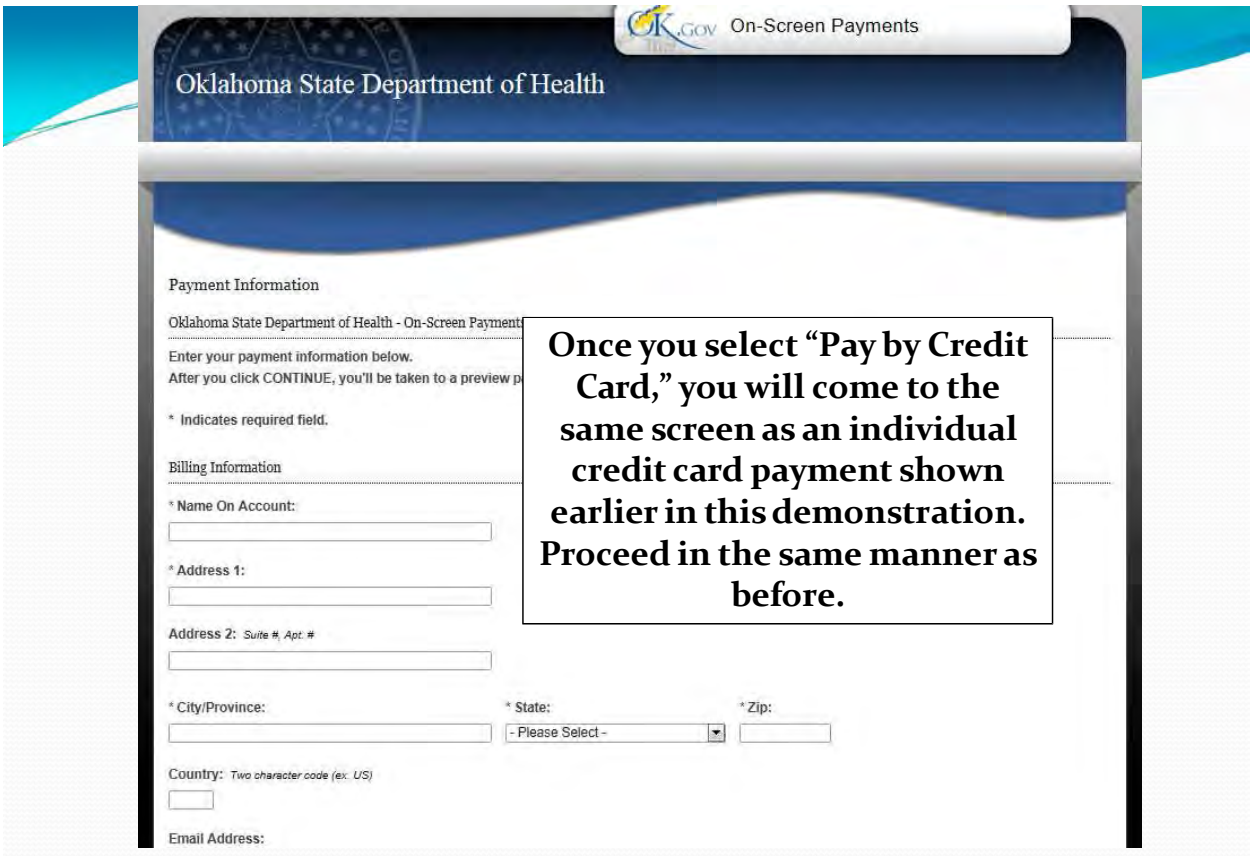
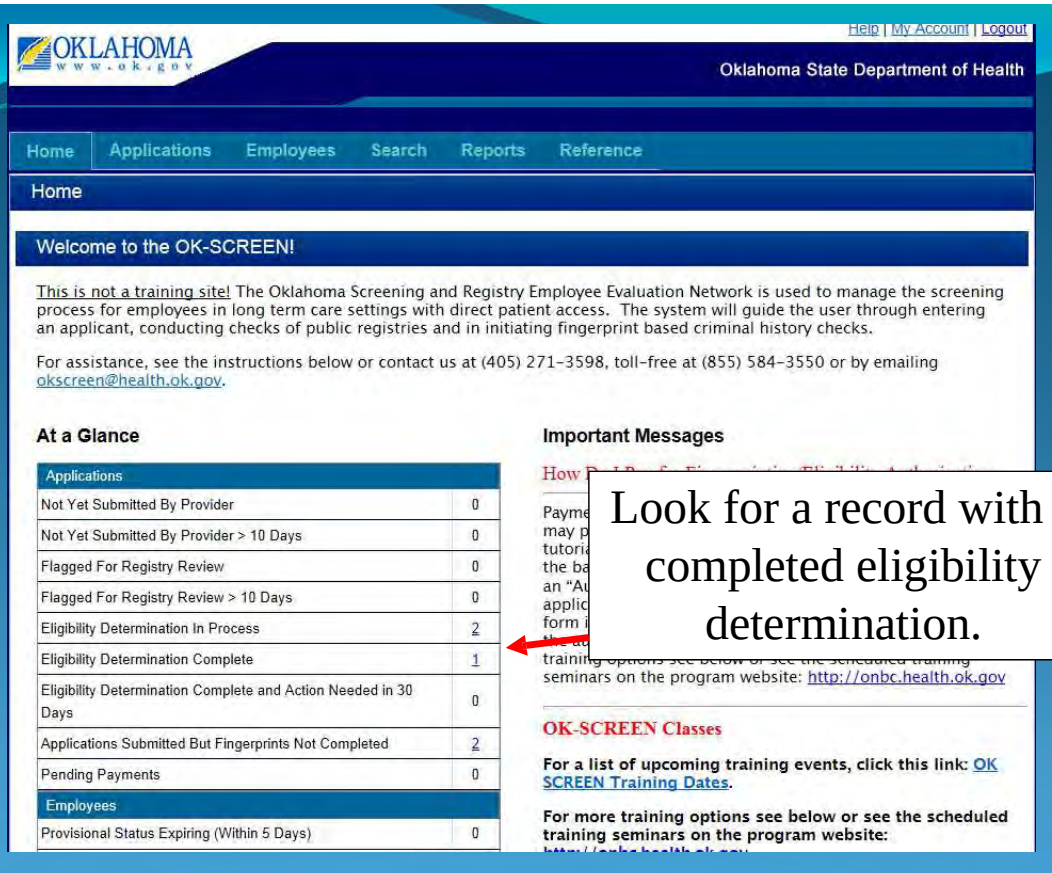
UAT - Version: 20131209


OK.GOV On-Screen Payments
Oklahoma State Department of Health
Payment Information
Oklahoma State Department of Health - On-Screen Payment
Enter your payment information below.
After you click CONTINUE, you'll be taken to a preview p
* Indicates required field.
Billing Information
* Name On Account:
* Address 1:
Address 2: Suite #, Apt. #
* City/Province:
* State:
- Please Select -
* Zip:
Country: Two character code (ex. US)
Email Address:
Once you select "Pay by Credit Card," you will come to the same screen as an individual credit card payment shown earlier in this demonstration. Proceed in the same manner as before.

Viewing a Criminal History Report



Look for a record with a completed eligibility determination.

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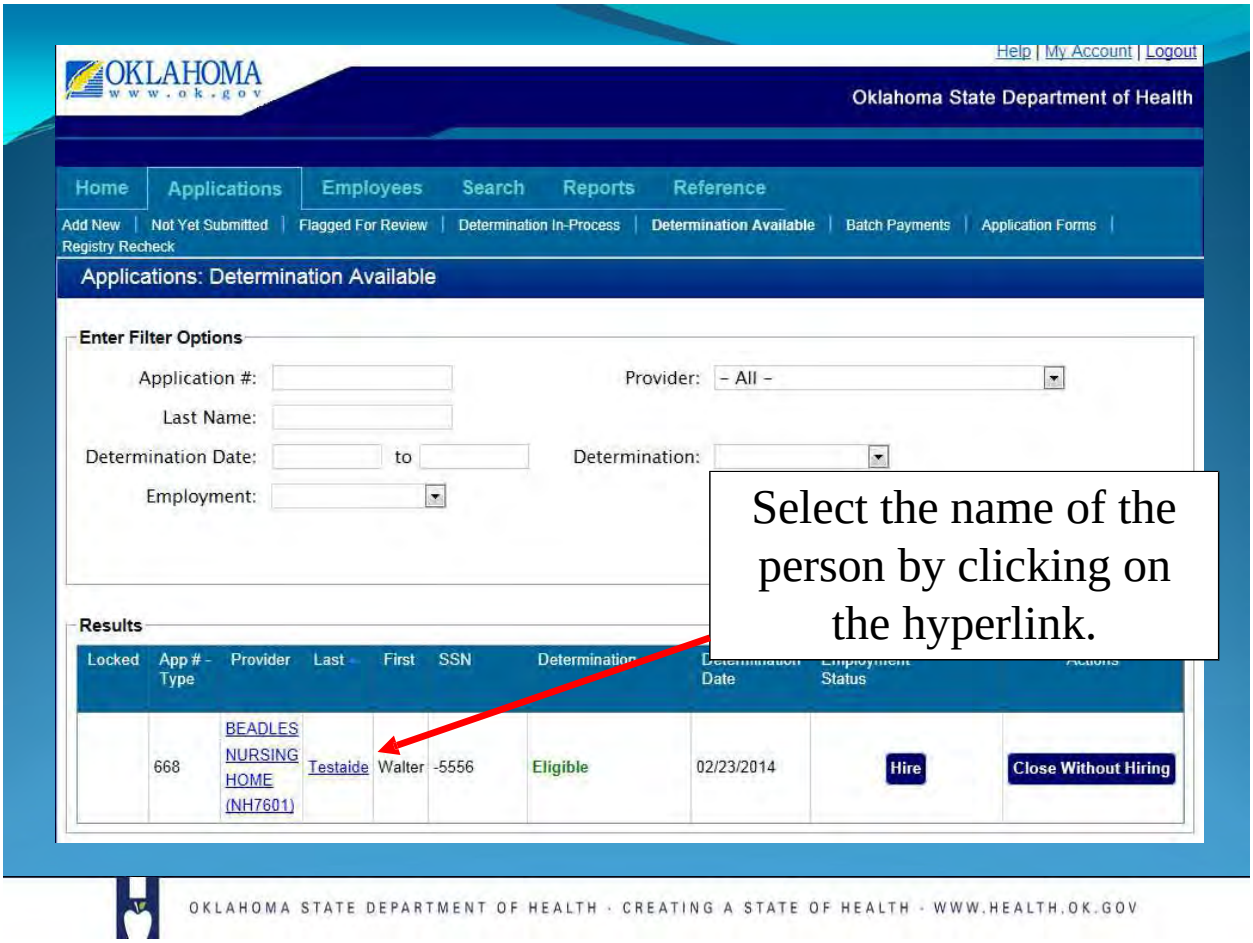
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OKLAHOMA
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Home
Applications
Employees
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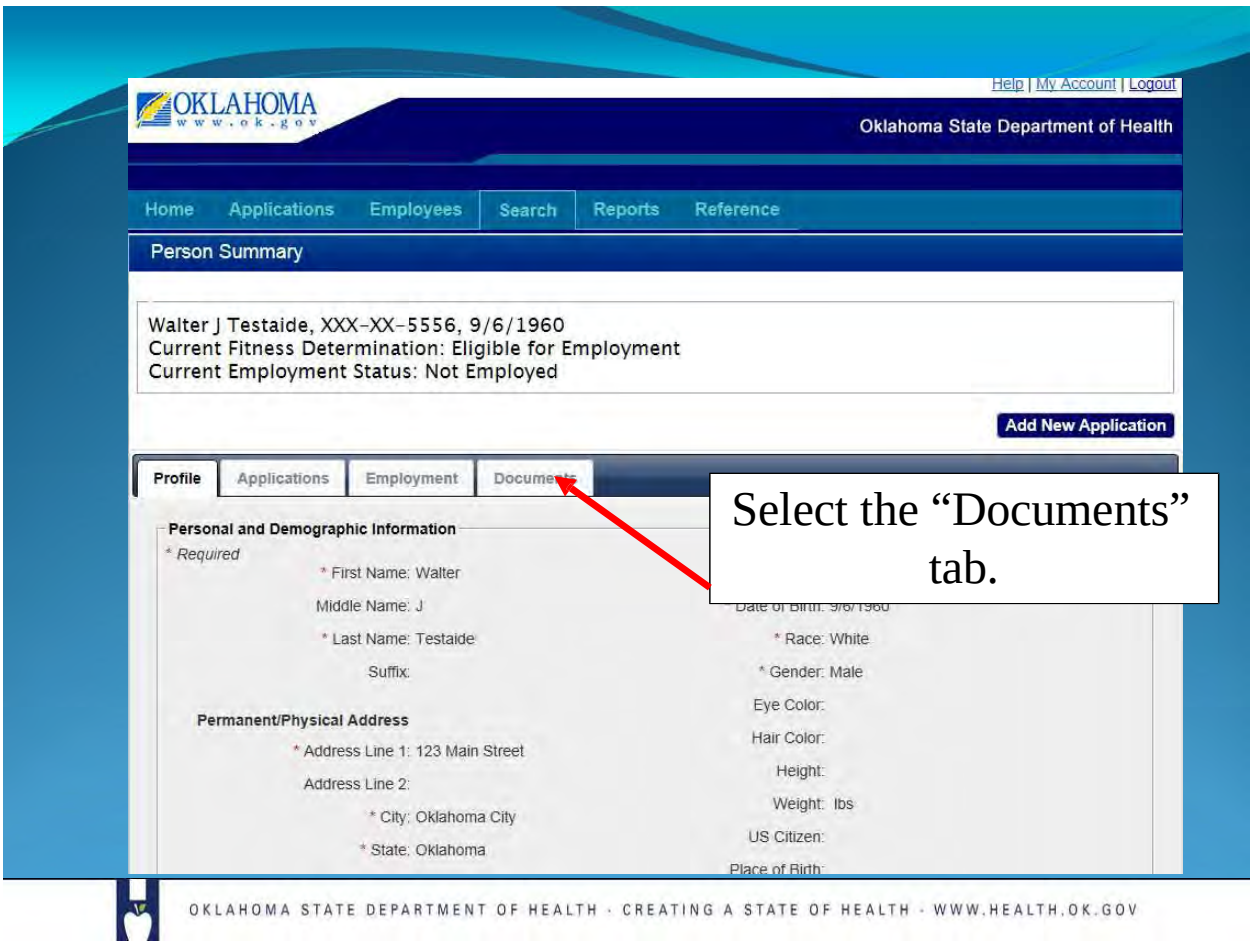
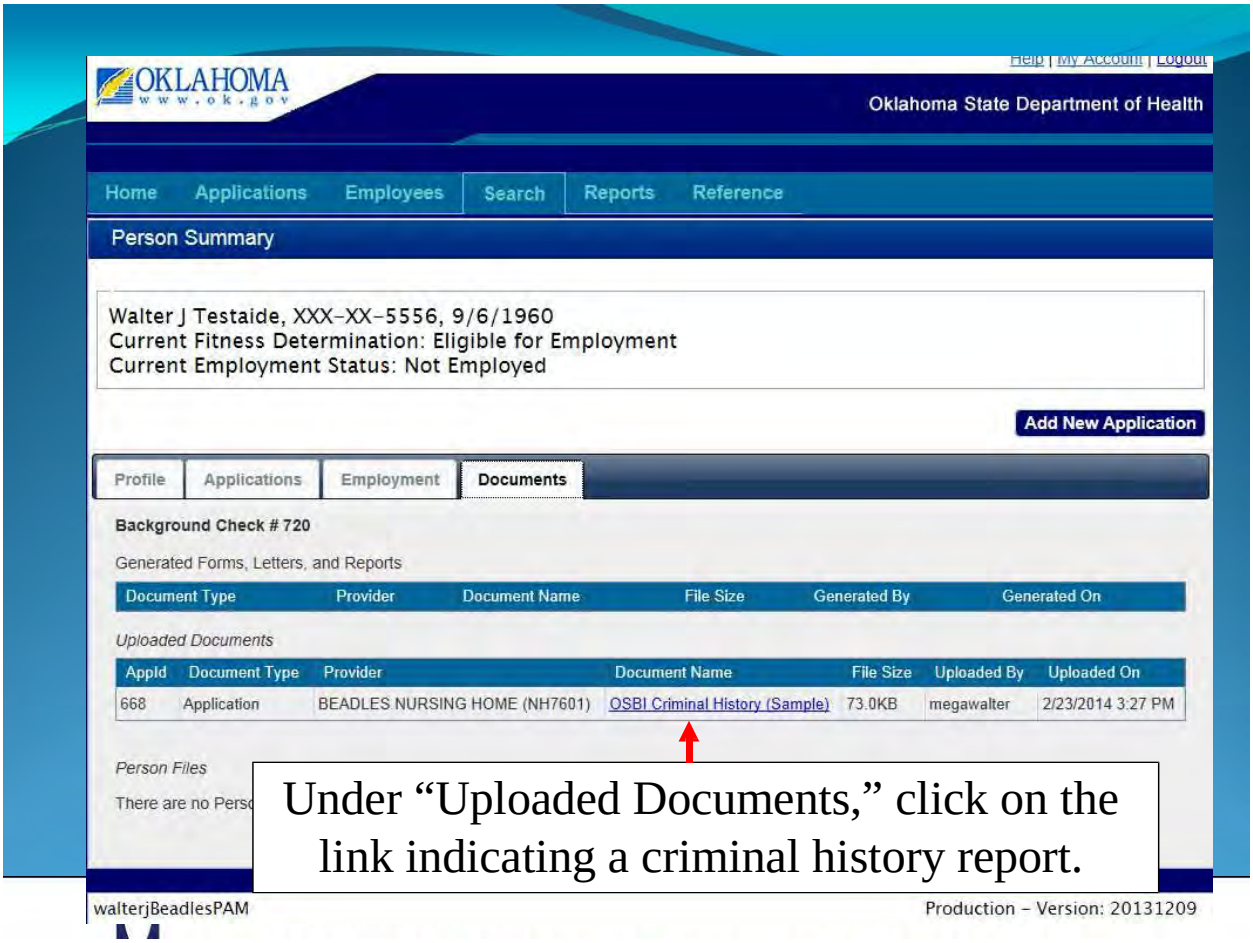
Reference
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck
Applications: Determination Available
Enter Filter Options
Application #:
Provider: - All -
Last Name:
Determination Date: to
Determination:
Employment:
Results
Locked
App # - Type
Provider
Last
First
SSN
Determination
Date
Status
668
BEADLES NURSING HOME (NH7601)
Testaide
Walter
-5556
Eligible
02/23/2014
Hire
Close Without Hiring
Select the name of the person by clicking on the hyperlink.


Help | My Account | Logout
OKLAHOMA
www.ok.gov
Oklahoma State Department of Health
Home
Applications
Employees
Search
Reports
Reference
Person Summary
Walter J Testaide, XXX-XX-5556, 9/6/1960
Current Fitness Determination: Eligible for Employment
Current Employment Status: Not Employed
Add New Application
Profile
Applications
Employment
Documents
Personal and Demographic Information
* Required
* First Name: Walter
Middle Name: J
* Last Name: Testaide
Suffix:
Permanent/Physical Address
* Address Line 1: 123 Main Street
Address Line 2:
* City: Oklahoma City
* State: Oklahoma
* Race: White
* Gender: Male
Eye Color:
Hair Color:
Height:
Weight: lbs
US Citizen:
Select the "Documents" tab.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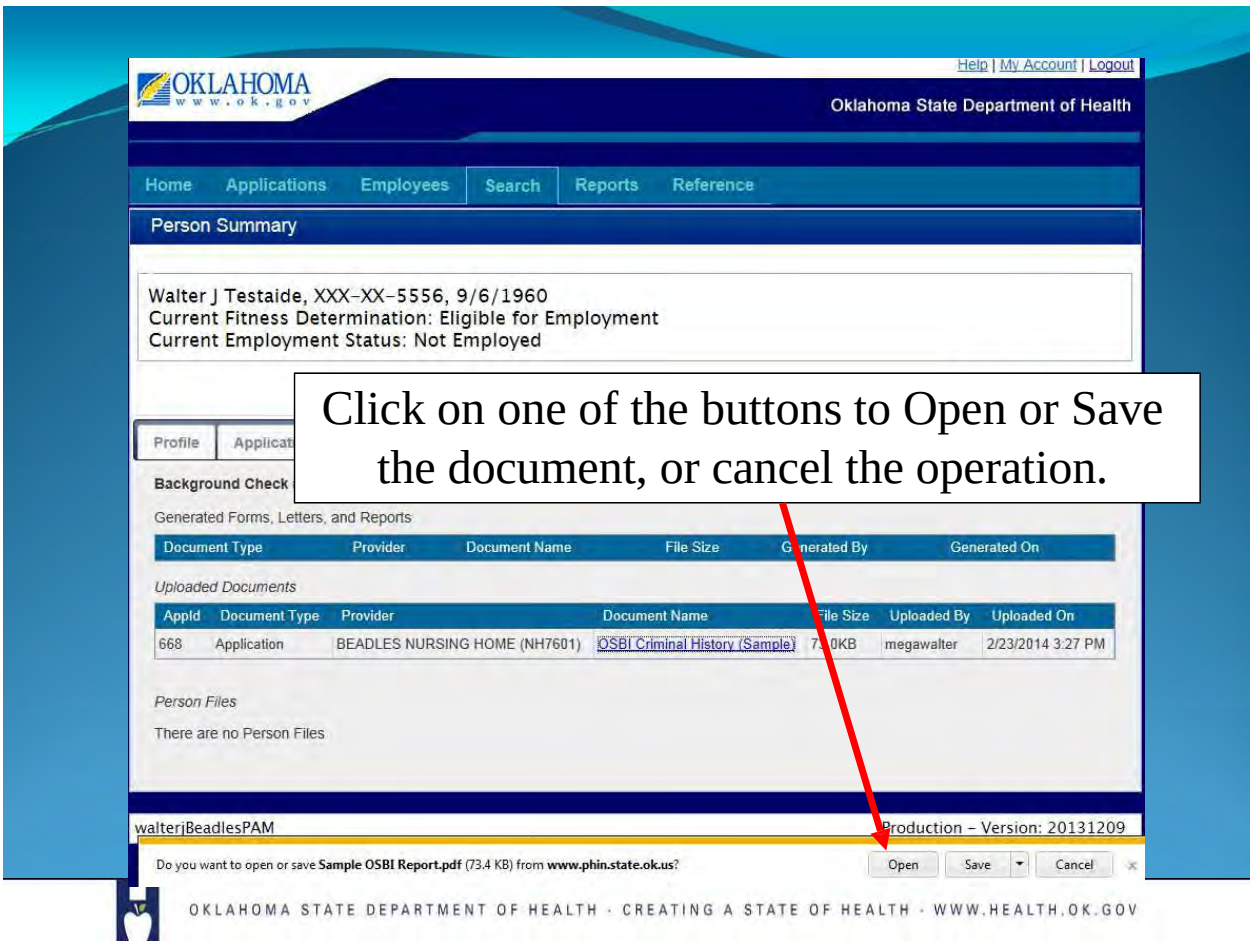
Reports
Reference
Person Summary
Walter J Testaide, XXX-XX-5556, 9/6/1960
Current Fitness Determination: Eligible for Employment
Current Employment Status: Not Employed
Add New Application
Profile
Applications
Employment
Documents
Background Check # 720
Generated Forms, Letters, and Reports
Document Type
Provider
Document Name
File Size
Generated By
Generated On
Uploaded Documents
AppId
Document Type
Provider
Document Name
File Size
Uploaded By
Uploaded On
668
Application
BEADLES NURSING HOME (NH7601)
OSBI Criminal History (Sample)
73.0KB
megawalter
2/23/2014 3:27 PM
Person Files
There are no Perso
Under "Uploaded Documents," click on the link indicating a criminal history report.
walterjBeadlesPAM
Production – Version: 20131209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Oklahoma State Department of Health
Home
Applications
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Reference
Person Summary
Walter J Testaide, XXX-XX-5556, 9/6/1960
Current Fitness Determination: Eligible for Employment
Current Employment Status: Not Employed
Click on one of the buttons to Open or Save the document, or cancel the operation.
Profile
Background Check
Generated Forms, Letters, and Reports
Document Type
Provider
Document Name
File Size
Generated By
Generated On
Uploaded Documents
AppId
Document Type
Provider
Document Name
Uploaded By
Uploaded On
668
Application
BEADLES NURSING HOME (NH7601)
OSBI Criminal History (Sample)
megawalter
2/23/2014 3:27 PM
Person Files
There are no Person Files
walterjBeadlesPAM
Production – Version: 20131209
Do you want to open or save Sample OSBI Report.pdf (73.4 KB) from www.phin.state.ok.us?
Open
Save
Cancel
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OKLAHOMA STATE BUREAU OF INVESTIGATION
IDENTIFICATION DIVISION
6600 NORTH HARVEY SUITE 300
OKLAHOMA CITY, OKLAHOMA 73116

THE FOLLOWING OSBI RECORD IS SUBJECT TO THE OKLAHOMA OPEN RECORDS ACT.
INFORMATION SHOWN ON THIS CRIMINAL HISTORY REPRESENTS DATA FURNISHED TO OSBI
BY FINGERPRINT CONTRIBUTORS, DISTRICT ATTORNEYS, AND COURT RECORDS. WHERE

The .pdf document with the criminal history report will open and look something like this (minus the redacted content).

OSBI #: [redacted] FBI#: [redacted] RELEASE DATE: [redacted]

NAME: [redacted]

SEX	RACE	BIRTHDATE	HEIGHT	WEIGHT	EYES	HAIR	BIRTHPLACE	CITIZENSHIP
M	[redacted]		510	275	Brown	Black	OK	US

SOCIAL SECURITY NUMBER(S): [redacted]

SOCIAL SECURITY NUMBER(S): [redacted]

PALM PRINTS AVAILABLE PHOTO AVAILABLE

ENTRY 001 NAME USED: [redacted]

CONTRIBUTOR	CHARGE AT ARREST	DISPOSITION
DATE ARRESTED OR RECEIVED: 05/01/2005	DOMESTIC ABUSE MISDEMEANOR	REF TO MUN.PROSECUTOR 03/01/2005
ORI: [redacted] PD LAWTON, OK	COMMENT: DOMESTIC ABUSE	GUILTY PLEA

There will be an entry for each charge and its associated information (disposition, etc.).

ENTRY 002 NAME USED: [redacted]

CONTRIBUTOR	CHARGE A	
DATE ARRESTED OR RECEIVED: 10/10/2007	MISDEMEANOR VALUE-FALSE PRET/BOGUS CHECK/CON GAME	REFERRED TO D.A. 10/10/2007
ORI: [redacted] SO COMANCHE CO, LAWTON, OK	MISDEMEANOR	COMANCHE CO [redacted] GUILTY PLEA MISDEMEANOR VALUE-FALSE PRET/BOGUS CHECK/CON GAME

END OF PAGE 1, MORE TO FOLLOW

This concludes the demonstration. Browse the application by clicking on the various options. You may enter real data from an applicant to screen the employee.

If you note an error or problem in OK-SCREEN please make a note of it. You may capture the screen image by pressing your print screen (PrtScn) button and pasting the image (Ctrl-V) in an email, or Word document, and sending it to the OK-SCREEN staff here: okscreen@health.ok.gov.

You may also contact the helpline at 405-271-3598 or toll free 1-855-584-3550.

To become a LiveScan fingerprinting site:

Contact:

Morpho Trust (877) 219-0197

Note: You must be willing to provide fingerprinting services to the public and not only your employees if you become a fingerprinting vendor. Staff participating will be subject to a background, credit and drug-screen check.

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 2. PROCEDURES OF THE STATE DEPARTMENT OF HEALTH

SUBCHAPTER 29. Criminal History Background Checks

310:2-29-1. Purpose

These rules implement the Long Term Care Security Act as established at Title 63 O.S. Section 1-1944 et seq., as amended.

310:2-29-2. [RESERVED]

310:2-29-3. Implementation

(a) Authority. Title 63 O.S. Section 1-1947(Y) authorized the Department to establish through rulemaking the effective dates of subsections D through V of Section 1-1945 of Long Term Care Security Act, by category of employer.

(b) Effective dates. The effective dates for subsections D through V of Section 1-1947 (relating to screening and fingerprint based background checks) are defined below.

(1) For the following, compliance may begin February 1, 2014, but shall be required no later than March 1, 2014:

(A) Adult Day Care Centers as defined by Section 1-872 of Title 63 of the Oklahoma Statutes; and

(B) Residential care homes as defined by Section 1-820 Title 63 of the Oklahoma Statutes.

(2) For Specialized Nursing Facilities licensed pursuant to Title 63 O.S. Section 1-1901 et seq., compliance may begin February 1, 2014, but shall be required no later than April 1, 2014:

(3) For the following employers, compliance may begin February 1, 2014, but shall be required no later than May 1, 2014:

(A) Applicants for employment with the State Department of Health and Department of Human Services whose responsibilities include working inside long term care facilities, pursuant to Title 63 O.S. Section 1-1947(A)(1); and

(B) Nursing Facilities licensed pursuant to Title 63 O.S. Section 1-1901 et seq.,

(4) For the following employers compliance may begin February 1, 2014, but shall be required no later than June 1, 2014:

(A) Continuum of Care or Assisted Living facilities licensed pursuant to Title 63 O.S.
Section 1-890.1 et seq; and

(B) Hospice programs licensed pursuant to Title 63 O.S. Section 1-860.1 et seq.

(5) For Medicare Certified Home Care Agencies licensed pursuant to Title 63 O.S. Section 1-1960 et seq., compliance may begin February 1, 2014, but shall be required no later than July 1, 2014.

(6) For all other employers defined in Title 63 O.S. Section 1-1945(4), compliance may begin February 1, 2014, but shall be required no later than August 1, 2014.

(7) For Nurse Aide Scholarship Programs operated under contract with the Oklahoma Health Care Authority compliance may begin July 1, 2014, but shall be required no later than August 1, 2014.

(8) For staffing agencies or independent contractors as defined in Title 63 O.S. Section 1-1945(4), compliance shall match the contracted employer.

(9)Pursuant to Title 63 O.S. Section 1-1947(1)(5), *Medicaid home and community-based services waivered providers as defined in Section 1915 (c) or 1915 (i) of the federal Social Security Act may voluntarily participate in the submission of fingerprints for applicants. In lieu of fingerprinting, said providers shall obtain a name-based state criminal history record check from the* [Oklahoma State Bureau of Investigation! *at the fee established in Section 150.9 of Title 74 of the Oklahoma Statutes. No other fees shall apply to said providers relying on a name-based state criminal history record check. The determination of employment eligibility shall be made by said providers based on the criteria established in subsection D of* [Title 63 O.S. Section 1-1947].

(c)Nurse Aide Scholarship Programs. For the purposes of complying with Title 63 O.S. Section 1-1947(G) (related to conducting a registry screening and criminal history record check), the Nurse Aide Scholarship Program may refer the applicant's application and release to the Department for registry screening and authorization to collect fingerprints.

(d)Alternate Name Based Background Check. Where the Department is unable to authorize the collection and submission of fingerprints through an authorized collection site pursuant to Title 63 O.S. Section 1-1947CD, the Depaitment shall conduct a name based search of the applicant in the criminal history database maintained by the Oklahoma State Bureau of Investigation.

310:2-29-4. [RESERVED]

310:2-29-5. Appeals

(a)Notice. A determination by the Department that finds an applicant not eligible for employment will result in a notice to the applicant to *include the reasons why the applicant is not eligible for employment and a statement that the applicant has a right to appeal the decision made by the Department regarding the employment eligibility. The notice shall also include infOrmation regarding where to file and describe the appellate procedures* [63 O.S. § 1-1947(K)(2)].

(b) Days to initiate an appeal. Pursuant to Title 63 O.S. 1-1947(T)1), any individual who has been disqualified from or denied employment by an employer pursuant to Title 63 O.S. Section 1-1947 *may file an appeal with the Department within thirty (30) days of the receipt of the notice ofdisqualification.*

(c)Types of appeals. An applicant may appeal the determination by:

(1) Challenging the finding that the applicant is the true subject of the results from a name-based registry background check;

(2) Challenging the criminal history record as inaccurate; or

(3)Requesting a waiver which gives the applicant the opportunity to demonstrate that the applicant should be allowed to work because he or she does not pose a risk to patients, facilities or their propetty.

(d)Inaccuracy of criminal history record. To demonstrate that the criminal history record is inaccurate, the applicant shall submit to the Depattment written documents, issued and certified by a governmental entity that demonstrate that the information contained in the criminal history repott is inaccurate.

(e) Criteria for consideration in a waiver review. Pursuant to Title 63 O.S. Section 1-1947(T)(2), the Department shall consider the following criteria in considering whether the applicant merits a waiver of the applicant's determination of ineligibility:

Cl) The time elapsed since the disqualifying criminal conviction, whether the applicant has fulfilled the sentence requirements, and whether there are any subsequent arrests or convictio

of any nature;

(2) Any extenuating circumstances such as the offender's age at the time of conviction, substance abuse history and treatment, or mental health issues and treatment;

(3) Rehabilitation as demonstrated by character references and recommendation letters from past employers, the applicant's record of employment history, education, and training subsequent to conviction; and

(4) The relevancy of the particular disqualifying information with respect to the proposed employment of the individual to include the job type and duties, the extent to which the applicant has unsupervised access to service recipients, whether the crime was committed against a vulnerable child or adult, and whether the conviction was related to an employer subject to the requirements of the Long Term Care Security Act.

(e) **Where to tile.** The applicant's appeal shall be submitted in writing to the Administrative Hearings Clerk for the Oklahoma State Department of Health, 1000 Northeast 10^{111} Street,

Oklahoma City, OK 731 17, and shall address the criteria specified in (d) of this Section and how the applicant merits a waiver of the disqualification from employment.

CD **Conduct of hearing.** The appeal shall be conducted as an individual proceeding pursuant to this Chapter and the Administrative Procedures Act.

Barrier Offenses for the Certified Nurse Aide
Effective November 1, 2012
63 O.S. § 1-1950.1 (OSCN 2012)

Title 63, Section 1-1950.l(C) 1. If the results of a criminal history background check reveal that the subject person has been convicted of,pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,

b. rape, incest or sodomy,

c. child abuse,

d. murder or attempted murder,

e. manslaughter ,

f. kidnapping,

g. aggravated assault and battery,

h. assault and battery with a dangerous .weapon, or

i. arson in the first degree.

2. If less than seven (7) years have elapsed since the **completion of sentence**[1] , and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

a. assault,

b. battery,

c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,

d. pandering,

e. burglary in the first or second degree,

f. robbery in the first or second degree,

Note: Possession of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act is no longer a barrier offense.

g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,

h. arson in the second degree,

i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,

j. grand larceny, or

k. petit larceny or shoplifting.

[1] Pursuant to 63 O.S. § l-1950.l(A)(5), "Completion of the sentence" means :the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

Oklahoma State Department of Health

Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN)

End User Security Agreement

Facility/Company Name: _____

Please attach a list of all related entities for which this account shall be authorized. Include the applicable facility/ provider license number for each facility. If you are applying for only one facility enter the license number below.

License Number: *(The facility/ provider license number for each facility to be accessed under this account must be provided. Otherwise, indicate staffing agency_____or independent contractor_____as applicable.)*

Please submit only one Provider End-User Security Agreement. The holder of the account established by this agreement will act as an administrator of accounts for all related entities identified with this application. The account holder will be responsible for collecting and maintaining End-User Security Agreements for any additional accounts created in OK-SCREEN for the identified related entities and for issuing and maintaining those accounts. The holder of the account established by this agreement may create additional administrator accounts for their related entities.

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

Proposed User Name: _____ Phone#: _____

Email: _____

Provider End User 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. Username and passwords are not to be shared at any time. All users must secure a user name and password fl-om an authorized Oklahoma State Department of Health (OSDH) OK-SCREEN Systems Administrator or Provider User Administrator. You and your company are entirely responsible for maintaining the confidentiality of your username and password. Provider User Administrators are responsible for disabling the user accounts of terminated employees. Furthermore, you and your company are entirely responsible for all activities that occur on this site. You or your company must not(fy the OK-SCREEN program office immediately of any known or suspected unauthorized use of your username and password or any other breach of security. Contact the OK-SCREEN program office at (405) 271-3598 or send an E-mail to okscreen@health.ok.gov.

My signature acknowledges and confirms that I have read, understand, and accept the terms and conditions as stated in this Provider End User Security Agreement form.

_____ _____

Signature of Account Applicant *Date*

THIS FORM REQUIRES THE SIGNATURE OF AN AUTHORIZED OFFICER OF THE LICENSED OPERATING ENTITY. THIS IS GENERALLY NOT THE ADMINISTRATOR

_____ _____

Printed Name of Authorized Person Signing for the Licensed Operating Entity

Official Title or Position

_____ _____

Signature of Authorized Person

Date

Fax or e-mail the completed form to 405-271-1566 / okscreen@health.ok.gov

Oklahoma State
Department of Health

Creating a State of Health

PERSONNEL FILE REQUIREMENTS

- OK-Screen Consent and Release
- OK-Screen Final Registry Results
- OK-Screen Letter of Clearance
- Application
- Copy of Photo ID

(OSBI Report-not required, but available if there is a charge on the record)

Registry and Criminal History Record Check
Consent and Release Form

This form is a provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that a*n 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* [Okla. State Bureau of Investigation (OSBI)] *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.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

Employer must retain the signed applicant consent.

Instructions to Applicant: Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. **Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting.** With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar ($10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and your will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

Declarations: By signing this form I consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH).

I understand that if my criminal history record check results reveal information that prevents the Department from making a final determination of employment eligibility, I will be given notice and will have sixty (60) days to make any necessary corrections or additions for the Department to review. If I am unable to make corrections or additions to the record within the sixty (60) days, the Department shall deny eligibility based on the disqualifying results and shall notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal the decision. [63 O.S. § 1-1947(K)]

I understand that should I be selected for employment, and as a condition of continued employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this *Consent and Release* and Title 63, Section 1-1947. I further understand that reporting of an arraignment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(Q)]

Continued on Page 2

I understand the OSDH will store the records of an employer's enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. Upon notification, the OSBI will immediately notify the Department and the Department will immediately notify the employee. Information in the database established under this subsection is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. The employee shall promptly respond to Department inquiries regarding the status of an arraignment or indictment. Reporting of an arraignment or indictment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(S)]

Pursuant to 63 O.S. § 1-1947(I)(1), the employer *shall submit the applicant's name, any aliases, address, former states in which the applicant resided, social security number, and date of birth.* Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY:

This form requests this information for the purposes of a state and national criminal history records search.

These names must appear as recorded on your birth certificate or other official record.

First Name: _____ **Middle Name:** _____

Maiden Name (If Applicable): _____ **Last Name:** _____

What Other Aliases/Names Have You Used? _____

Date of Birth: _____ **Place of Birth:** _____ **Race/Ethnicity:** _____

Gender: ☐ **Male** ☐ **Female Height:** _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Telephone Number: _____ **Social Security Number:** _____

Present Address: _____

Present City/State/Zip: _____

In What Other States Have You Lived After 18 Years Of Age and what years lived there? _____

_____

_____

E-Mail Address: _____

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI for conducting a state and national criminal history records check.

Applicant's Signature Date

Protective Health Services

Oklahoma State Department of Health

OK-SCREEN Authorization to Fingerprint

You have applied for a position that requires the Oklahoma National Background Check Program (ONBCP) to examine any criminal history that you may have. The authority for this requirement is Title 63 O.S. § 1-1945 et. seq.

To initiate the criminal history check, please use the information in this form and the website link or phone number below to schedule an appointment for fingerprinting with IdentoGo, the approved fingerprint agent. No payment is required for Self Directed Care applicants. A local law enforcement site or other agent may collect your prints on an ink card. However, additional fees may apply and you must mail the ink card to IdentoGo after scheduling an ink-card submission through the IdentoGo website or over the phone.

Select **OKLAHOMA STATE DEPARTMENT OF HEALTH-OKSCREEN** from the drop-down menu when scheduling fingerprinting on the IdentoGo website or when contacting IdentoGo by phone:

http://www.l1enrollment.com/state/?st=ok Or call IdentoGo toll-free (877) 219-0197.

YOU MUST PRESENT THIS FORM AND A CURRENT, VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION TO BE FINGERPRINTED (I.E. DRIVER'S LICENSE, STATE ID, MILITARY ID, ETC.)

The Oklahoma State Bureau of Investigation will provide your State and National criminal history results to the ONBCP by means of a secure, web-based system. The ONBCP will review the criminal history information and advise the facility where you are seeking employment whether you are eligible for hire based on the results of your State and National criminal history check.

Please note that if you have a conviction for a barrier offense that would prevent you from working in that position, the ONBCP will notify you and the employer where you have applied. You will receive information on how you may appeal the decision. For information on barrier offenses, visit: http://onbc.health.ok.gov

Applicant Information

Applicant Date: 08/23/2016

ORI: **OK920150Z**

Determination Number: **168926**

Reason For Fingerprinting: **8120 Long Term Care Applicant Title 63 OS 1-1947** **Name:**

Tom Tester

Address: 123 Main St
#602
Norman, OK 73072

Date of Birth: 11/15/1985

Race: White

Gender: Male

Eye Color: Blue

Weight: 210

Height: 6'2"

Place of Birth: US: Ohio (if not in the U.S.)

Upon collecting the applicant's fingerprints, the LiveScan operator shall return this form to the applicant for the applicant's records.
Date Fingerprints Collected: Initials of Live Scan operator: _____

Protective
Health Services

Oklahoma State
Department of Health

August 25, 2016

Not-A-Real Care Center 123 Main St
Norman, OK

RE: Notification of Applicant Clearance: Christopher Chisholm Determination #: 168926

Dear Sir or Madam:

Pursuant to the Long Term Care Security Act, Title 63, of the Oklahoma Statutes, Section 1- 1944 et. seq., this letter is to advise you that the Federal Bureau of Investigation and Oklahoma State Bureau of Investigation reported no disqualifying convictions for the above referenced applicant. This final clearance is based on information received through a nationwide and statewide criminal history screening, using fingerprints and other information submitted for that purpose by the referenced applicant.

In order to show compliance with the requirements of the Long Term Care Security Act, this Notification of Clearance and the Final Registry Results report must be available for inspection for the duration of the applicant's employment.

This applicant will now appear in your Determination Available queue in OK-SCREEN. Select "Hire" or "Close without Hiring," as applicable. Pursuant to Title 63, O.S. Section 1- 1947(V), employers must maintain the status of employees in OK-SCREEN and annually validate an employee's continued employment or separation date. You must validate employment annually in OK-SCREEN to maintain a monitored criminal history.

If you have additional questions, you may contact us at the Oklahoma National Background Check Program at (405) 271-3598, toll-free 855-584-3550. You may also find helpful information at our website: http://onbc.health.ok.gov.

Sincerely,

James W. Joslin Service Director
Oklahoma National Background Check Program

Protective Health Services
Oklahoma State Department of Health

Final Registry Results Form

11/2/2016 2:14:10 PM

OSDH-ONBC-OKSCREEN
1000 Ne 10th Street
Oklahoma City, OK 73117

OK-SCREEN
Oklahoma Screening and Registry Employee Evaluation Network
http://onbc.health.ok.gov
Oklahoma State Department of Health
1000 NE 10th
Oklahoma City, OK 73117
855-584-3550

405-271-2598

Application Detail related to Licensing and any Registry Events that may be associated with this Person.

Applicant Information

Application #: 162792

Name:	Tom Tester	**SSN:**	111-99-1111
Address:	201 South Drive	**Date of Birth:**	11/05/1980
	Norman, OK 73072	**Race:**	White
		Gender:	Male
County:		**Eye Color:**	Blue
Place of Birth:	US: Oklahoma	**Hair Color:**	Brown
		Weight:	210
		Height:	6'2"

License or Certification

License/Certification information was not entered for this applicant.

Final Registry Results Form

Name on License / Certification:

Address on License / Certification:

Profession:

License / Certification Number:

Status:

Expiration Date:

Name on License / Certification:

Address on License / Certification:

Profession:

License / Certification Number:

Status:

Expiration Date:

OK Child Care Restricted Registry

Registry URL:	https://ccrrpublicjl.okdhs.org/ccrrpublicjl/public/
Registry Contact:	Licensing Records Office
Registry Contact Phone #:	800-347-2276
Registry Contact Email:	
Research Completed on:	11/2/2016
Research Completed by:	Tom Tester
Research Results:	Cleared
Provider Notes:	

If you dispute the findings shown for the registry indicated contact the phone number provided.

OK Community Services Worker Registry

Registry URL:	https://cswrpublic.okdhs.org/cswrpublic/
Registry Contact:	Developmental Disabilities Services Division
Registry Contact Phone #:	405-521-4981
Registry Contact Email:	

Final Registry Results Form

Research Completed on: 11/2/2016
Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

National Sex Offender Public Website

Registry URL: http://www.nsopw.gov/Core/Conditions.aspx

Registry Contact:
Registry Contact Phone #:
Registry Contact Email:

Research Completed on: 11/2/2016
Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

OK Nurse Aide & Non-Technical Service Worker Abuse Registry

Registry URL: http://www.ok.gov/health/pub/wrapper/naverify.html

Registry Contact:
Registry Contact Phone #: 405-271-4085
Registry Contact Email: nar@health.ok.gov

Research Completed on: 11/2/2016
Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

OK Sex Offender Registry

Registry URL: https://sors.doc.state.ok.us/svor/f?p=105:1

Final Registry Results Form

Registry Contact:
Registry Contact Phone #: 405-525-4520
Registry Contact Email: osor@doc.state.ok.us

Research Completed on: 11/2/2016
Research Completed by: Christopher Chisholm
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

OK Violent Offender Registry

Registry URL: http://vors.doc.state.ok.us/svor/f?p=101%3A1%3A

Registry Contact:
Registry Contact Phone #: 405-525-4520
Registry Contact Email: osor@doc.state.ok.us

Research Completed on: 11/2/2016
Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

OIG List of Excluded Individuals/Entities

Registry URL: http://exclusions.oig.hhs.gov

Registry Contact: Joanne Francis
Registry Contact Phone #: 410-281-3069
Registry Contact Email:

Research Completed on: 11/2/2016
Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

Final Registry Results Form

If you dispute the findings shown for the registry indicated contact the phone number provided.

OK On Demand Court Records

Registry URL: http://www1.odcr.com/

Registry Contact:
Registry Contact Phone #:
Registry Contact Email:

Research Completed on:
Research Completed by:
Research Results: Registry Not Checked
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

Oklahoma State Court Network

Registry URL: http://www.oscn.net/dockets/Search.aspx

Registry Contact:
Registry Contact Phone #:
Registry Contact Email:

Research Completed on:
Research Completed by:
Research Results: Registry Not Checked
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

FL Nurse Aide Registry

Registry URL: https://appsmqa.doh.state.fl.us/MQASearchServices/Home

Registry Contact:
Registry Contact Phone #: 850-488-0595
Registry Contact Email:

Research Completed on: 11/2/2016

Final Registry Results Form

Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

TX NARS, Med Aide, & Employee Misconduct Registry

Registry URL: https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp

Registry Contact:
Registry Contact Phone #: 512-438-3011
Registry Contact Email:

Research Completed on: 11/2/2016
Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

VA Nurse Aide Registry

Registry URL: https://dhp.virginiainteractive.org/Lookup/Index

Registry Contact:
Registry Contact Phone #: 804-367-4569
Registry Contact Email:

Research Completed on: 11/2/2016
Research Completed by: Tom Tester
Research Results: Cleared
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

VA Professional Licenses

Registry URL: https://dhp.virginiainteractive.org/Lookup/Index

Registry Contact:

Final Registry Results Form

Registry Contact Phone #:

Registry Contact Email:

Research Completed on:	11/2/2016
Research Completed by:	Tom Tester
Research Results:	Cleared
Provider Notes:	

If you dispute the findings shown for the registry indicated contact the phone

Provisional Employment Form

This form is a provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947{L}{2), which requires a written statement from the applicant affirming and agreeing to the following:

1. The applicant is not disqualified from employment, an independent contract, or clinical privileges, based on the disqualifying criteria defined in subsection D of [Title 63 0.S. Section 1-1947];

2. The applicant agrees that, if the information in the registry screening and criminal history record check conducted under this section does not confirm the individual's statements under subparagraph a of this paragraph, his or her employment, independent contract, or clinical privileges shall be terminated by the employer as required under subsection D of [Title 63 O.S. Section 1-1947] unless and until the individual appeals and can provide that the information is incorrect;

3. That the applicant understands that the conditions described in paragraphs 1and 2 may result in the termination of employment, independent contract, or clinical privileges, and that those conditions are good cause for termination; and

4. The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Where an individual is employed as a conditional employee, or has a conditional independent contract, or is granted conditional clinical privileges and the criminal history does not confirm the individual's statements under paragraph 1above, the employer shall terminate the individual's employment, independent contract, or clinical privileges, as required by subsection E of [Title 63 O.S. Section 1-1947].

A signed copy of this form must be kept in the Human Resource file of the employee.

THE APPLICANT MUST COMPLETE FINGERPRINTING PRIOR TO BEGINNING CONDITIONAL EMPLOYMENT

Provisional Employment Cont.

PLEASE INITIAL EACH ITEM.

I have not failed to comply with all federal, state and municipal laws as applicable to my professional license, certification, permit or employment class, as established by the authority having jurisdiction for my professional license, certification, permit, or employment class;

I am not subject to exclusion as described under Title 42 of the United States Code, Section 1320a-7;

I am not currently the subject of a substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United State Code, Section 1935i-3(g)(l)(c) or 1396r(g)(l)(c}, or Section 1-1950.7 or 1-1951 Title 63 of Oklahoma Statutes.

I am not entered on the community services worker registry pursuant to Section 1025.3 of Title 56 of the Oklahoma Statutes.

I am not recorded on the Child Care Restricted Registry pursuant to Section 405.3 of Title 10 of the Oklahoma Statutes.

I am not registered pursuant to the Sex Offenders Registration Act, the Mary Rippy Violent Crime Offenders Registration Act, or registered on another state's sex offender registry;

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(L)(2), by my signature below I affirm and agree to the following:

a. I am not disqualified based on the disqualifying criteria listed above,

b. I agree that, if the information in the registry screening and criminal history record check confirms that I am disqualified based on disqualifying criteria listed above, my employment, independent contract, or clinical privileges will be terminated unless and until I have appealed the determination and can provide that the information is incorrect, and

c. I understand that false statements about disqualifying criteria will result in the termination of my employment, independent contract, or clinical privileges, and that those conditions are good cause for termination.

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(N), The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision . The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(0) , an *individual who knowingly provides false information regarding his or her identity, criminal convictions, or substantiated findings on a statement described in subparagraph a of paragraph 2 of subsection L of this section is guilty of a misdemeanor punishable by a fine of not less than One Hundred Dollars ($100.00) nor more than Three Hundred Dollars ($300.00), imprisonment in the county jail for not more than thirty*
(30) days, or by both such fine and imprisonment.

My signature acknowledges that I have read, understand and accept the terms and conditions outlined on this form.

_____
Printed Name of Applicant

_____
Signature of Applicant Date

IdentoGO
By Morpho1h1st USA

Escrow Account Requirements

For those companies that desire a centralized means of managing the fees accompanied with the fingerprinting and badging requirements, we offer the option of establishing an escrow account. To establish an escrow account with MorphoTrust, each company must complete and Account Application and submit a deposit either in the form of a company check payable toMorphoTrust or complete the Credit Card Authorization form. VISA and MASTERCARD are the only credit cards accepted.

The deposit check or credit card authorization should be in the amount necessary to cover a minimum of one month's fingerprinting and/or badging services. When an applicant is scheduled for an appointment using your billing code, the proper fees are reserved to cover the cost of that applicant's processing. After the applicant has completed their fingerprinting and/or badging registration and scheduled an appointment, the reserved fees are deducted from your account. A detailed list of those applicants fingerprinted or badged on your account will be sent to you at the beginning of each month.

It will be the responsibility of each company POC to ensure that there is always a positive balance in your account. Any additional checks deposited into the account must include the **account number** on the check. Any credit card authorizations deposited into the account must include the **account number and the amount authorized.**

We appreciate your interest in our escrow account system. If you have any additional questions, please e-mail Heather Morris at hmorris@morphotrust.com . Heather's phone mm1ber is 615-778-5878.

MorphoTrust USA, Inc.
6840 Carothers Parkway, Suite #650
Franklin, TN 37067

IdentoG
By MorphoTrust USA

Escrow Account I Registration Application

COMPANY INFORMATION

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

CONTACT PERSON _____

TELEPHONE_____ FAX_____

_____ EMAIL _____

_____

METHOD OF PAYMENT

D CHECK/CHECK# __ D CREDIT CARD (complete cc information below)

DEPOSIT AMOUNT/AMOUNT TO BE CHARGED (FOR PREPAID ACCOUNTS) $ _____

CREDIT CARD AUTHORIZATION

NAME ON CREDIT CARD _____

CREDIT CARD TYPE D VISA DMASTERCARD

CREDIT CARD NUMBER ———————— __ __ ——————
(Visa and Mastercard Only)

CREDIT CARD EXPIRATION DATE_____ CSV CODE_____
(on back of credit card)

BY SIGNING BELOW I AUTHORIZE MORPHOTRUST TO CHARGE TO MY CREDIT CARD THE ABOVE SPECIFIED AMOUNT AS PAYMENT FOR THE REFERENCED ACCOUNT.

PRINTED NAME _____

AUTHORIZED SIGNATURE ———————————— DATE_____

FORM COMPLETED BY

PRINTED NAME _____

AUTHORIZED SIGNATURE _____ DATE_

All information is required - if not known or inapplicable indicate with N A

Email completed forms to: esdescrow@morphotrust.com

Please allow up to 3 business days for payment processing to post to account for credit card authorizations. If paying by check, please allow 5 business days before the funds are available.

MorphoTrust USA, Inc.
6840 Carothers Parkway Suite# 650,
Franklin, TN 37067 USA

Oklahoma National Background Check Program

Frequently-Asked Questions (FAQs)

Revised: October 28, 2016

Protective Health Services

Oklahoma State Department of Health

How do I get started?

Please visit our website at http://onbc.health.ok.gov. Near the top, you will see the following paragraph:
For an OK-SCREEN account, print this Provider End User Security Agreement Form and submit it to the OK-SCREEN office okscreen@health.ok.gov. Instructions are in the form.
The direct link to the form is:
http://www.ok.gov/health2/documents/ONBC%20End%20User%20Security%20Agreement.pdf

Click on the link for the Provider End User Security Agreement, complete the form, and send it to us using the contact information on the form. Once you have an account established, you can begin processing new applicants.

How do I contact the Background Check Office?

Please send email correspondence **ONLY** to: OKSCREEN@health.ok.gov . Do not cc: other employees at ONBCP. We will get to your email as quickly as possible, and emailing multiple parties causes extra work on our end, slowing down our responses to providers.

Fingerprinting Appointment: How are they made?

Providers may save time if they schedule fingerprinting appointments instead of letting applicants make the appointment, and instructions are included on the Authorization to Fingerprint but applicants have not followed instructions on many occasions.

Because an applicant only has to be fingerprinted once for this program, each time an applicant schedules an appointment, they are doing it for the very first time. A high percentage of the time, applicants do not complete this process correctly, creating extra work and delaying determinations of eligibility. After a provider does it a few times, they'll do it perfectly and avoid problems that will invariably slow the process of getting a determination.

Fingerprinting Appointment: How is it paid?

The fingerprinting appointment can be paid for by either the provider or the applicant. Also, it can be pre-paid online or it can be paid at the time of the appointment. Methods of pre-payment are:

Fingerprinting Appointment: Can I pay in advance for my applicants?

For those companies that desire a centralized means of managing the fees accompanied with the fingerprinting and badging requirements, IndentoGo/MorphoTrust offers the option of establishing an escrow account. To establish an escrow account with MorphoTrust, each company must complete an Account Application and submit a deposit either in the form of a company check payable to MorphoTrust or complete the Credit Card Authorization form. VISA and MASTERCARD are the only credit cards accepted. For more on the requirements read: http://www.ok.gov/health2/documents/Escrow%20Account%20Requirements.pdf

Complete the form at this location and submit it to MorphoTrust using the contact information on the form:
http://www.l1enrollment.com/state/forms/ok/52efbfddaf543.pdf

Fingerprinting Appointment - If an applicant misses what do I need to do?

You or the applicant should contact the vendor and attempt to reschedule the appointment. If you are outside the ten-day window contact our office for an extension at: okscreen@health.ok.gov or phone: 405.271.3598 / toll-free: 855.584.3550.Only one extension per application will be granted.

Fingerprinting: What forms of ID are acceptable for the fingerprinting appointment?

A government issued identification with that includes a photo-graph is required. If one is not available, the applicant should call the IdentoGo site to see what, if any, arrangements can be made. The name as it appears in OK-SCREEN **MUST MATCH** the ID that the applicant brings to the fingerprinting appointment.

Fingerprinting Locations: Where are they?

Use the following link to get the latest listing of locations: http://www.l1enrollment.com/locations/?st=ok

Fingerprinting: Can applicants use Ink-Cards instead of LiveScan?

You may use ink cards processed through local law enforcement for fingerprinting. However, you must schedule ink-cards for submission like a fingerprint appointment through our live scan vendor, IdentoGo and mail them to their site. This document that will lead you through the process of using these cards and mailing them to IdentoGO for processing:
http://www.ok.gov/health2/documents/Ink%20Card%20Fingerprinting%20Instructions.pdf

How do I hire a Nurse who has been fingerprinted?

If you are hiring a nurse (RN/LPN) through OK-SCREEN, the process depends on the date that the nurse was originally licensed in Oklahoma:

1. If the nurse was originally licensed in Oklahoma prior to 1/1/2013, the nurse has not been fingerprinted for the Board of Nursing (BON), so he/she will have to be fingerprinted for OK-SCREEN exactly like a nurse aide would;
2. If the nurse was originally licensed in Oklahoma **AFTER** 1/1/2013, the nurse has been fingerprinted for the BON and will not have to be fingerprinted again for this process. **You must let us know manually via email that you are hiring a nurse meeting these criteria so we know that there is a determination pending for that individual.** Otherwise, we will not know to make a determination, and you will not receive one.

If I miss-key the last name or Social can I just start a new record?

You could, but please **don't**. We can amend a record to correct information. Please email the office so that we may correct the record. We've seen results get miss-routed because of this practice.

Why is Data Entry Accuracy in OK-SCREEN so important?

You cannot correct this information if you enter it incorrectly. Ensure you enter this information correctly. The name as it appears in OK-SCREEN **MUST MATCH** the ID that the applicant brings to the fingerprinting appointment.

How do I make the providers payment of the $19 for the background/fingerprinting fee?

There are several methods:

- Credit Card – works just like buying a book on Amazon.com, and it goes through the OK.gov portal
- E-Checking – works like the credit card but you enter your bank account and routing number. This works like paying a utility bill through your online checking.
- Batch Payment – You can used your credit card or e-check to pay for several applications at the end of the month, all of them at once
- Billing – You apply for an account and identify the facilities on the account and who is responsible for the bill. You are assigned an account number; when applications are submitted, it is added to your account. OSDH will bill you for payment each month for the applications that you submit.
- Note: failure to pay bills over 45 days will result in a restricted or closed account.

How can I expedite processing?

Applicants with criminal history records take longer to process. Tell the applicant that crimes that show up on the criminal history report that were not disclosed at the time of application are grounds for dismissal under the law. Also, let the applicant know that this is a NATIONAL background check that will reveal convictions from other states. We are required to send a lot of correspondence to applicants who have barrier offenses in other states. Many of these applicants will not be eligible to work, but they apply anyway, thinking that the OSBI check is all that we run and know that their out-of-state crimes do not show up on the OSBI report. Also, the out-of-state offenses often are not reported on the application where disclosure must be made. **Ensure that you have a current phone number and/or email address in the applicant's file so he/she can be contacted by our office if necessary.**

How long should I wait to call on the status of an applicant?

Please do not call the ONBCP asking about the status of an applicant until it has been right at two weeks since the applicant was sent to be fingerprinted. From the *At a Glance* table on the Home Screen you can monitor the status of an application from the Determination in Process Queue. The status will indicate one of the following and the date of last update:

Background Check Started (IdentoGo has not been contacted for a fingerprinting appointment)
Applicant Data Sent (IdentoGo has been contacted and a fingerprint was scheduled)
Fingerprints Taken TCN: A-LVB00000000 (Fingerprints were taken; we're waiting on the OSBI report)

If, after you see the fingerprints were taken, the applicant is not eligible in two days then either the prints were rejected or there is a criminal history that requires research. Due to the volume of applicants requiring research, you may see a three to four week delay in issuance of the research letter.

If you do not see that the fingerprints were taken contact our office. The applicant may have processed under the wrong agency and will need to be reprinted under the correct agency. **(Note: If they paid more than $10 this is what happened.)**

Do not wait longer than three weeks.

The applicant may need to take action to make corrections to their criminal history before we can make them eligible, and this may take several weeks in some cases. However, provisional hire is only available for 60 days.

Provisional Hiring: Can the 60-day provisional period be extended?

No. This period is defined in statute. We encourage providers to delay the provisional start date until after the applicant has been fingerprinted. This will minimize the impact if we require information from an applicant. The applicant should respond promptly to our letter. While they have 60 days to respond to our letter, this does not extend their provisional hire window.

Provisional Hiring: What does "direct on-site supervision" mean for a PCA?

The law states, "*The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.*" *[63:1-1947(L)(3)]*

We did not provide further definition for the term "direct on-site supervision" so we've suggested we work with DHS Advantage and the OSDH Licensure/Certification Program to come to an agreement on how this subsection will be defined for your industry. We did not use the term line-of-site supervision here, which we did use in reference to volunteers [See 63:1-1945(9)]. We understand that the home-care business model would be impaired by delays in being able to start an employee because of a requirement to have a supervisor in attendance during provisional employment. However, where there is a delay it is because either the prints were rejected or, most likely, because there is a history we are reviewing and will be issuing a letter requesting a response from the applicant. The provider will receive a letter advising if this is the case.

We have automated determinations for applicants with no criminal history. So far, this has been 76% of applicants. For such applicants, determinations are made within 24 to 48 hours of fingerprinting.

Volunteers: Do they have to be fingerprinted?

Only if their duties are equivalent to the duties of a direct patient access employee and those duties involve one-on-one contact with a service recipient of an employer, without line-of-sight supervision by employer staff. Title 63, Section 1-1945, Definitions, provides the following at paragraph 9:

"Direct patient access" means access to a service recipient of an employer, through employment, independent contract, or the granting of clinical privileges, in which the performance of duties involves, or may involve one-on-one contact with a service recipient of the employer on an ongoing basis. The term shall include access to a service recipient's property, medical information or financial information. The term does not include a volunteer unless the volunteer has duties that are equivalent to the duties of a direct patient access employee and those duties involve one-on-one contact with a service recipient of an employer, without line-of-sight supervision by employer staff;

How do I permanently hire an applicant in OK-SCREEN?

On the Employment tab, click on the "Edit" button to the right of the entry for provisional hire. Change the employment status in the drop-down from "Provisional" to Permanent" and enter a permanent hire date and save the record.

Why is there no race selection for "Hispanic?"

According to federal documentation, "Hispanic" is an ethnicity, and not a race. That's why you see on forms, "White, not of Hispanic Descent." For the purposes of this program, if a person is Hispanic, list them as "White" (as in, "White, of Hispanic Descent").

RAP-Back: How does it work?

The Oklahoma National Background Check Program receives the RAP-Back notification. If the arrest is for a barrier offense, this office notifies the applicant/employee that they must by law notify the employer immediately of the arrest. Failure to do so is grounds for dismissal. This office will monitor the case through to disposition. If the case ends in a conviction, the employer (you) will be notified that the individual has become ineligible and must be terminated.

If the arrest is for a non-barrier offense, this office takes no action.

You (the provider) do not need to take any action relative to RAP-Back unless you are notified of a conviction.