

APPLICATION & CREDENTIALING FORM

All information must be filled out completely!!

NAME:	DOB:	GENDER
_____	_____	_____
SS#	NPI#	
Medicare TIN# -----N/A	Medicaid#	
Credentials	CAQH Provider # Attestation must be current (if applicable)	
Full Home Address	Mailing Address (if different)	
Phone #	Email	
City where born	State of Birth	
Country of Birth (if outside of US)		
Start Date:	Location/Site	
Best Time to Contact You	Best Way to Contact Phone, email, etc...	

**Please list all Certification and License #'s
with Effective Dates and State Association**

**List all College's Attended with EXACT DATES
attended and completion date**

**List 2 Professional References with
Contact Information. Address and Phone #**

**Work History for the past 5 years
Please list EXACT DATES worked with each Employer**

Please answer the following questions.

1. Have any of your board certifications ever been suspended, revoked or voluntarily surrendered?
If yes, please explain

2. Have your privileges at any hospital, facility, HMO or health plan been voluntarily or involuntarily surrendered, denied, suspended, revoked, restricted, limited, or placed on probation?
If yes, please explain

3. Have you ever been placed on probation or asked to resign from an internship, or other training program?
If yes, please explain

4. Has your malpractice insurance ever been cancelled, suspended, restricted, limited, special rated, or not renewed?
If yes, please explain

5. Has information pertaining to you ever been reported to the National Practitioner Data Bank?
If yes, please explain

STAFF EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____ Phone #: _____

Should you have any questions or concerns, please contact Emily Boston at 419-708-0841.



NEW HIRE REQUIRED DOCUMENTS TO BRING:

- **Copy of Driver's License**
- **Copy of Social Security card**
- **Copy of proof of highest level of education (GED, Diploma, Degree)**
- **Copy of Professional License, if applicable (LSW, LPC, etc)**
- **Resume**
- **Copy of Car Insurance (if driving with clients)**
- **Copy of CPR/First Aid certifications**

FORMS TO BE COMPLETED AT ONBOARDING:

- **Application & Credentialing Form**
- **Confidentiality and Privacy Statement**
- **W-9**
- **Employee Emergency Contact Form**
- **Pre-Employment Criminal Conviction Statement**
- **Complete Onboarding & Key Policy Training & Acknowledgement**
- **Telephone Reference Form**
- **Employment Eligibility Verification (I-9)**
- **Federal Withholding (W-4) & State Withholding (IT4), if applicable**
- **Completed BCI/FBI Background check submission**

Telephone Reference Form:

Applicant Name: _____ Date of Check: _____

Reference Name: _____ Years Known: _____

Relationship: _____

Reference Organization: _____

Phone #: _____ Best time to call: (AM / PM)

Reference Name: _____ Years Known: _____

Relationship: _____

Reference Organization: _____

Phone #: _____ Best time to call: (AM / PM)

Reference Name: _____ Years Known: _____

Relationship: _____

Reference Organization: _____

Phone #: _____ Best time to call: (AM / PM)

Pre-Employment Criminal Conviction Statement

Applicant Information

- Full Name: _____
- Position Applied For: _____
- Date of Birth: _____
- Address: _____
- Phone: _____ Email: _____

As a candidate for employment with Toledo ARK, you are required to submit a criminal background BCI/FBI check by obtaining fingerprints and submitting to Toledo Ark.

You can obtain this at:

**Express Fingerprinting Service
5660 Southwyck Blvd Ste 102
Toledo, OH 43614
(419) 320-2338**

Hours: 10am-5pm Monday-Thursday (Call ahead to set an appt)

******USE THE FOLLOWING CODES:**

**BCI- 5164.34
FBI- 4757.101**

Notice to Applicant

In accordance with **Ohio Revised Code § 5164.34** and **Ohio Administrative Code 5122-30-31**, all employees and volunteers of community mental health centers are required to undergo a **criminal records check**.

Certain criminal convictions are considered **disqualifying offenses** and will prohibit employment in positions involving direct care, supervision, or access to youth and vulnerable populations.

See the Disqualifying Offenses Summary on the following pages:

Disqualifying Offenses (Summary)

Tier I – Permanent Disqualification

Individuals with convictions or guilty pleas to the following offenses are **permanently prohibited** from employment in community mental health facilities serving youth or vulnerable adults:

- Homicide offenses (Aggravated murder, Murder, Voluntary manslaughter)
- Felonious assault and related violent offenses
- Child abuse, neglect, endangerment, or exploitation
- Patient abuse or neglect
- Kidnapping, abduction, human trafficking
- Rape, sexual battery, gross sexual imposition, unlawful sexual conduct with a minor
- Pandering obscenity or sexual material involving minors
- Other serious sexual or violent crimes against children or vulnerable persons

Tier II – 10-Year Exclusion

Employment is prohibited for **10 years after completion of sentence** (including probation/parole) for certain serious felonies such as:

- Aggravated robbery, aggravated burglary, aggravated arson
- Certain drug trafficking or violent offenses not involving minors

Tier III / Tier IV – 5 to 7-Year Exclusion

Certain non-violent felonies and serious misdemeanors (e.g., fraud, theft, assault, drug offenses) may disqualify employment for **5–7 years** following completion of sentence.

Tier V – Minor Offenses

Some minor drug possession/paraphernalia offenses may **not disqualify employment**, but are subject to review by HR and clinical leadership.

Applicant Disclosure

Have you ever been convicted of, pleaded guilty to, or been granted intervention in lieu of conviction for any offense listed above?

- Yes
- No

If yes, please list all applicable convictions (include dates, county/state, and disposition):

Acknowledgment & Consent

- I understand that my employment is contingent upon the results of a **BCI/FBI criminal records check** as required by Ohio law.
- I acknowledge that false or incomplete disclosure may result in disqualification or termination.
- I authorize the release of my criminal records to Toledo Ark for the purpose of determining eligibility for employment.

Signature: _____ Date: _____

Printed Name: _____

Administration Signature: _____ Date: _____

Confidentiality and Privacy Statement

As a contract employee of Toledo Ark, you may have access to confidential and sensitive information regarding our clients, employees, or organizational operations. This information may include protected health information (PHI) as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as other personally identifiable information protected under the Privacy Act of 1974.

By signing this statement, you acknowledge and agree to the following:

1. **Confidentiality Obligation:** You will maintain the confidentiality of all client, employee, and organizational information, whether verbal, written, or electronic, and you will not disclose such information to any unauthorized individual.
2. **Use of Information:** You will access and use confidential information only to perform your job duties and in accordance with applicable federal and state laws, regulations, and company policies.
3. **Data Security:** You will adhere to all company policies and procedures regarding the storage, transmission, and disposal of confidential information to prevent unauthorized access or disclosure.
4. **Reporting Requirements:** You understand your duty to promptly report any actual or suspected breach of confidentiality or unauthorized disclosure of information to your supervisor or the company's privacy officer.
5. **Legal and Disciplinary Consequences:** You understand that unauthorized use or disclosure of confidential information may result in disciplinary action, up to and including termination, and may also carry civil or criminal penalties under HIPAA, the Privacy Act, and other applicable laws.

By signing below, you acknowledge that you have read, understand, and agree to comply with this confidentiality statement.

Staff Name: _____

Staff Signature: _____

Date: _____

Acknowledgement and Understanding of Policy & Procedures:

As a contract employee of Toledo Ark, I acknowledge and agree to policies, procedures, and important matters included in the agency Policy & Procedures, which I have received on the date below:

I understand that the Policy & Procedures may be revised by the organization at any time to continue to grow in accordance with Ohio Department of Behavioral Health (DBH) and Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation standards.

Additionally, as a contract employee of Toledo Ark, I acknowledge and agree to policies, procedures, and important matters included in the Staff Handbook, which I have received on the date below:

I understand that the Staff Handbook may be revised by the organization, and at such times, a new acknowledgement will be complete.

Staff Name: _____

Staff Signature: _____

Date: _____