



**Criminal History & Registry Verification Checks**

Position applying for: \_\_\_\_\_  
Applicants Name (Print): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Race / Ethnicity: \_\_\_\_\_ Sex: ( ) M ( ) F Date of Birth: \_\_\_\_\_  
Other names (aliases, married names, maiden, etc....) \_\_\_\_\_  
I understand that state law requires that Denton Rehabilitation and Nursing Center search my criminal history, State Medicare and Medicaid Exclusion List, the Employee Misconduct Registry\* and the DHS Nurse Aide Registry\* and must be completed on all applicants before hiring. I authorize Denton Rehabilitation and Nursing Center to conduct this search.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

**TEXAS DEPT. OF PUBLIC SAFETY INTERNET SEARCH**

Date of search: \_\_\_\_\_ Completed by: \_\_\_\_\_  
( ) No info found ( ) Info Found

**STATE MEDICARE & MEDICAID EXCLUSION LIST**

<https://oig.hhsc.state.tx.us/Exclusions/About.aspx>

**UNITED STATES DHH – OIG EXCLUSION LIST**

<http://exclusions.oig.hhs.gov/search.aspx>

Date of search: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date of search: \_\_\_\_\_ Completed by: \_\_\_\_\_  
( ) No info found ( ) Info Found ( ) No info found ( ) Info Found

**BOARD OF NURSES LICENSE VERIFICATION**

<http://www.bne.state.tx.us/olv/verification.html>

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Date of search: \_\_\_\_\_ Completed by: \_\_\_\_\_

**DADS' NURSE AIDE REGISTRY, MED AIDE REGISTRY AND EMPLOYEE MISCONDUCT REGISTRY**

<http://www.dads.state.tx.us/providers/employability/eresearch.cfm>

Nurse Aide Registry Status: \_\_ Active \_\_ Inactive \_\_ N/A  
Medication Aide Registry Status: \_\_ Active \_\_ Inactive \_\_ N/A  
Certification Expiration Date: NA \_\_\_\_\_ MA \_\_\_\_\_  
Listed on Misconduct Registry: \_\_ No \_\_ Yes

Date of search: \_\_\_\_\_ Completed by: \_\_\_\_\_

**NURSE AIDE REGISTRY**

[https://www.asisvcs.com/services/registry/search\\_generic.asp?CPCat=0644NURSE](https://www.asisvcs.com/services/registry/search_generic.asp?CPCat=0644NURSE)

Certificate Number: \_\_\_\_\_

\*A facility may not employ a person who is listed in either (Employee Misconduct Registry or DHS Nurse Aide Registry) as having abused, neglected, or exploited a resident or a consumer of a facility.