FY24 (2023-24) Medical Assistant
Student Caregiver & Criminal Background Checks (CBCs)

All Medical Assistant students are required to have a WI Caregiver (2) and National Criminal Background Check

If a Minnesota Caregiver Background Check, and/or other out-of-state background check is needed for MA Practicum, MA Practicum Coordinator will advise you at the required time.

Costs (subject to change):

- Wisconsin Caregiver Background Check: $10
- Verified Credentials National Criminal Background Check: $59
- Minnesota Caregiver Background Check: $42 + $9.50 for fingerprinting/photograph
- Additional State Background Checks: cost varies by state

To complete the WI Caregiver Background check: Complete the attached Student ID Form and Background Information Disclosure. Send both documents with a check for $10 **OR** a copy of your entire WI Caregiver Background Check run by a Northwood Tech employee (within the last 90 days) to:

Ashland Denise Boutin Northwood Technical College 2100 Beaser Ave Ashland, WI 54806 715-685-3012 denise.boutin@NorthwoodTech.edu	**New Richmond** Sherry Rehnelt Northwood Technical College 1019 S Knowles Ave New Richmond, WI 54017 715-752-8136 sherry.rehnelt@NorthwoodTech.edu
Rice Lake Ashley Smith Northwood Technical College 1900 College Dr Rice Lake WI 54868 715-788-7095 ashley.smith@NorthwoodTech.edu	**Superior** Nikki Kruger Northwood Technical College 600 N 21st St Superior, WI 54880 715-319-7325 nikki.kruger@NorthwoodTech.edu

To complete the National Criminal Background Check: Open the Verified Credentials, LLC document provided on the MA Orientation webpage and click on the GET STARTED NOW link.

REQUIRED CBCs MUST BE SUBMITTED BY DATE DESIGNATED.

Northwood Technical College
Health Sciences

Student Identification Information

Name _____ **Student ID #** _____

Social Security Number _____ **Birth Date** _____
(must be provided to process the BID)

Race

- ☐ White
- ☐ Black
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Unknown

Program

- ☐ Nursing-Associate Degree
- ☐ Dental Assistant
- ☐ Health Information Technology
- ☐ Medical Assistant
- ☐ Occupational Therapy Assistant
- ☐ Pharmacy Technician
- ☐ Phlebotomy
- ☐ Nursing Assistant

Home Address _____

City, State, Zip _____

Phone Number _____ (Cell) _____ (Home) _____ (Work)

Email Address _____

Student Signature _____ **Date** _____
(typed signature is acceptable)

This information is considered private and will be kept in a secured electronic file.

DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
F-82064A (01/2022)

STATE OF WISCONSIN
Wis. Stat. § 50.065
Wis. Admin. Code § DHS 12.05(4)

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS: INSTRUCTIONS

PURPOSE

- The *Background Information Disclosure for Employees and Contractors* (form F-82064) gathers information required by Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12 for entities to conduct caregiver background checks for prospective and existing employees and contractors. This form may also be used by entities to conduct background checks for students and volunteers that are expected to have regular and direct contact with clients.
- **NOTE:** Form F-82064 should not be used by applicants for *entity operator approval* or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an *entity* background check from the Division of Quality Assurance.

CAREGIVER BACKGROUND CHECK LAW

Entities must conduct background checks to verify initial and renewal eligibility of employees and contractors to serve as *caregivers*. Pursuant to Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12, an entity may not employ or contract with an individual to serve as a "caregiver," if the individual has certain governmental findings or criminal convictions affecting eligibility. See Offenses Affecting Eligibility for Employment or Contract in Roles with Client Contact.

APPLICATION

Caregiver Background Checks are required for prospective and existing employees and contractors of entities. The term *entity* includes, but is not limited to:

- Adult Day Care Centers
- Adult Family Homes
- Alcohol and Other Drug Abuse Treatment Programs
- Ambulance Service Providers
- AODA Services
- Community Based-Residential Facilities
- Community Mental Health Programs
- Community Support Programs
- Comprehensive Community Services
- Corporate Guardianships
- Facilities Serving People with Developmental Disabilities
- Emergency Mental Health Service Programs
- Home Health Agencies
- Hospices
- Hospitals
- Mental Health Day Treatment Services for Children
- Nursing Homes
- Outpatient Mental Health Clinics
- Personal Care Agencies
- Residential Care Apartment Complexes
- Rural Medical Centers
- Youth Crisis Stabilization Facilities
- Programs regulated by ch. DHS 75

FAIR EMPLOYMENT ACT & ELIGIBILITY REQUIREMENTS

Wisconsin Stat. §§ 111.31 – 111.395, prohibits discrimination because of a criminal record or pending charge. However, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity. In addition, Wisconsin law establishes conditions of eligibility for employment or contract to work in roles with regular and direct client/patient contact.

Wis. Stat. § 50.065(4m)(b) reads:
Notwithstanding s. 111.335, and except as provided in sub. (5), an entity may not employ or contract with a caregiver or permit to reside at the entity a nonclient resident, if the entity knows or should have known any of the following:

1. That the person has been convicted of a serious crime.
2. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.
3. That a final determination has been made under s. 48.981 (3) (c) 5m. or, if a contested case hearing is held on such a determination, a final decision has been made under s. 48.981 (3) (c) 5p. that the person has abused or neglected a child.
4. That, in the case of a position for which the person must be credentialed by the department of safety and professional services, the person's credential is not current or is limited so as to restrict the person from providing adequate care to a client.

See Offenses Affecting Eligibility for guidance.

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- **PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a "caregiver" is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form F-82064A, *Instructions*, for additional information.

Reset

Check the box that applies to you.

☐ Applicant / Employee ☐ Student / Volunteer

☐ Contractor ☐ Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an *entity* background check from the Division of Quality Assurance.

Full Legal Name – *First*	*Middle*	*Last*

Other Names (including prior to marriage)

Position Title (applied for or existing)	Birth Date *(MM/DD/YYYY)*	Sex ☐ Male ☐ Female

Home Address	City	State	Zip Code

Business Name and Address – Employer (Entity)

Answering "NO" to all questions does not guarantee employment, a contract, or service agreement.
If more space is required, attach additional documentation to this form and indicate "see attached" in your answer.

SECTION A – DISCLOSURES

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
   If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
   You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
   Yes ☐ No ☐

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
   If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
   You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.
   Yes ☐ No ☐

3. Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
   Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect?
   Provide an explanation below, including when and where the incident(s) occurred.
   Yes ☐ No ☐

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected **any person or client**?
   If **Yes,** explain, including when and where it happened.
   Yes ☐ No ☐

5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? Yes ☐ No ☐
   If **Yes**, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you abused an **elderly person**? Yes ☐ No ☐
   If **Yes**, explain, including when and where it happened.

7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? Yes ☐ No ☐
   If **Yes**, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes ☐ No ☐
   If **Yes,** explain, including when and where it happened.

2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? Yes ☐ No ☐
   If **Yes,** explain, including when and where it happened and the reason.

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes ☐ No ☐
   If **Yes**, indicate the year of discharge:
   Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years? Yes ☐ No ☐
   If **Yes**, list each state and the dates you resided there.

5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes ☐ No ☐
   If **Yes**, list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years? Yes ☐ No ☐
   If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe? Yes ☐ No ☐
   If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

NAME – Person Completing This Form	Date Submitted