

5827 Corporate Way
West Palm Beach, Florida 33407
(561) 844-9443

Type or print all information.

Application for Employment, Credentialing & Privileging for Medical/Dental Professionals

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, gender, age, national origin, marital or veteran status, sexual preference, disability, or any other legally protected status. The Corporation is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Reasonable accommodations will be made available to any applicant who feels they are necessary.

Name in full (<i>Last, First, Middle</i>)						Telephone #: Home () Cell ()	
Address City/ST/Zip						Social Security #:	
PRIVILEGES DESIRED: <input type="checkbox"/> FAMILY MEDICINE <input type="checkbox"/> INTERNAL MEDICINE <input type="checkbox"/> PEDIATRICS <input type="checkbox"/> DENTAL <input type="checkbox"/> PODIATRY <input type="checkbox"/> OBSTETRICS/GYNECOLOGY <input type="checkbox"/> OPTOMETRY <input type="checkbox"/> OTHER: (Specify): _____							
NOTE: Licensed Independent Practitioners, a detailed description of your privileges is required.							
EDUCATION & TRAINING (<i>List in Chronological Order</i>)							
Name and Location of School/University					Degree Received		Type
School/University				<u>Start MM/DD/YY</u>	<input type="checkbox"/> Yes <u>MM/DD/YY</u> <input type="checkbox"/> No		
Street Address/City					State		Zip Code
School/University				<u>Start MM/DD/YY</u>	<input type="checkbox"/> Yes <u>MM/DD/YY</u> <input type="checkbox"/> No		
Street Address/City					State		Zip Code
INTERNSHIP / RESIDENCY (<i>List in Chronological Order</i>)							
From <u>MM/DD/YY</u>		To <u>MM/DD/YY</u>	Facility		Address City/St Zip:		
From <u>MM/DD/YY</u>		To <u>MM/DD/YY</u>	Facility		Address City/St Zip:		
From <u>MM/DD/YY</u>		To <u>MM/DD/YY</u>	Facility		Address City/St Zip:		
HOSPITAL AFFILIATIONS							
From <u>MM/DD/YY</u>		To <u>MM/DD/YY</u>	Hospital		Address City/St Zip:		
From <u>MM/DD/YY</u>		To <u>MM/DD/YY</u>	Hospital		Address City/St Zip:		
From <u>MM/DD/YY</u>		To <u>MM/DD/YY</u>	Hospital		Address City/St Zip:		

Florida Community Health Centers, Inc. is a Drug-Free Workplace

LICENSES AND/OR CERTIFICATIONS

(Attach Copies - Include Board Certifications, State Licenses, DEA/CPR, etc.)

Type of License or Certification	Issuing Agency	State	Number and Date of Original	Date of Last Renewal	Current Registration	Expiration Date

PROFESSIONAL REFERENCES TO ATTEST TO CLINICAL COMPETENCE

Name						
Address	Street	City	State	Zip Code	Telephone number (Area Code)	
Name						
Address	Street	City	State	Zip Code	Telephone number (Area Code)	
Name						
Address	Street	City	State	Zip Code	Telephone number (Area Code)	

DISCIPLINARY ACTIONS

1. Have any of the following ever been or are currently in the process of being denied, revoked, terminated, suspended, reduced limited, placed on probation, not renewed or voluntarily relinquished? (If YES, specify in the Explanation of Disciplinary Actions Section)

2.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Medical License in any state
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	DEA registration in any state
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Other professional registration/affiliation
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Academic appointment or education affiliation
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Membership on any hospital medical staff
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Clinical privileges at any hospital
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Rights associated with practice on any medical staff
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Professional society membership or Board certification
3.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Other type of professional sanction (including military)
3.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever convicted of a violation of any law or ordinance in this state or elsewhere? (Convictions for juvenile delinquency, youthful offender or wayward minor need not be reported. Traffic violations must be included.) (If YES, explain on separate sheet)	

CLAIMS / LAWSUITS

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you had any professional liability claim or action made or filed against you, pending, adjudicated or settled? (If YES, attach summary)
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HEALTH STATUS

- ☐ YES ☐ NO Do you presently have a physical, mental health condition or any other impairment that affects, or is reasonably likely to affect your ability to perform professional or medical staff duties?

IMMUNIZATION RECORDS: All new staff including but not limited to medical or non-medical, paid or volunteer, full time or part time, student or non-student, with or without patient-care responsibilities who work at Florida Community Health Centers, Inc., (FCHC) should be immune to measles, rubella, and varicella and are required to show proof of current immunization records upon acceptance of employment. The records should include MMR, Varicella. If immunization records cannot be produced, the employee will have labs drawn and will not be allowed to begin employment until results are reviewed by the Clinical Coordinator. If the employee is not immune, the employee must consent to immunization in order to work for FCHC.

*My signature below indicates that I agree and understand the statement above.

Employee signature:

Date:

EXPLANATION OF DISCIPLINARY ACTION

1. Discuss circumstances leading to sanctions and type of sanction received.

2. Specify location of the above discipline (name of facility and address)

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS TO THIS APPLICATION FORM:

1. Current License(s) to practice in the State of Florida.
2. Any other State Licenses under which you have practiced.
3. Narcotics Registration Certificate (DEA).
4. Prior and Current Professional Liability Insurance Policy and Certificate of Coverage from Carrier (within last 5 years).
5. Evidence of Board Certification (if applicable).
6. Copy of School Diploma.
7. Copy of ECFMG Certificate (Foreign Graduate).
8. Certificate of Internship / Residency (for each Program completed).
9. Current Curriculum Vitae (must include a 5-year work history).
10. CPR/PALS Certification
11. Other (Attach if marked below):
 - ☐ Valid Driver's License
 - ☐ Fingerprint Card from Local Law Enforcement Agency (if applicable)

Please use a separate sheet for any additional necessary information.

AUTHORIZATION AND RELEASE

By applying for employment to the health professional staff, I hereby signify my willingness to appear for an interview, authorize Florida Community Health Centers, Inc., and its health professional staff to consult with Administrators and members of health professional staff of other facilities with which I have been associated and with other, including past and present malpractice carriers, who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection and copying by the Center, and its health professional staff and its representative of all records and documents, including medical/dental records at other facilities, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership. I hereby release from liability all representatives of Florida Community Health Centers, Inc., and its health professional staff for their acts performed in good faith and without malice in connection with evaluating my application, my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to Florida Community Health Centers, Inc. its health professional staff and its representatives in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I hereby agree to the following statements in making this application and consent to be bound by them:

1. That any act, communication, report, recommendation or disclosure concerning me performed or made in good faith and without malice and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or in any other health care facility, shall be privileged to the fullest extent permitted by law.
2. That such privilege shall extend to members of Florida Community Health Center's, Inc. health professional staff and its Board of Directors, its administrator and her/his representatives, and to third parties, who supply information to any of the foregoing authorized to receive, release or act upon the same. For the purpose of this statement, the term "third parties" means both individuals and organizations from whom information has been requested by an authorized representative of Florida Community Health Centers, Inc. of the health professional staff.
3. That there shall be, to the fullest extent permitted by law, absolute immunity extended to the members of the health professional staff, the Board of Directors and the administrator, or his/her representatives from any and all civil liability arising from any such act, communication, report, recommendation or disclosure involving me even where the information involved would otherwise be deemed privileged.
4. That such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this Corporation or any other health care institution's activities related, but not limited to: (a) this application for employment, (b) periodic reappraisals for appointment or for increase or decrease in clinical privileges, (c) proceedings for suspension of clinical privileges or revocation of health professional staff membership, (d) summary suspension, (e) hearings and appellate reviews, (f) medical care evaluations, (g) utilization reviews, and (h) other Florida Community Health Centers, Inc. departmental, service or committee activities related to the quality of care afforded my patients and my professional conduct.
5. That the acts, communications, reports, recommendations and disclosures referred to in this statement may relate to my qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on patient care at Florida Community Health Centers, Inc. or any other facility.
6. That in furtherance of the foregoing, I shall upon request of Florida Community Health Centers, Inc., execute releases in accordance with the tenor and import of this statement in favor of the individuals and organizations specified in paragraph 2 hereof, subject to such requirement, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this state.
7. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
8. I hereby certify that all facts set forth in this application are true, complete and correct. I understand that all statements and information shall be subjected to verification and/or investigation, and that any false statements, or my failure to qualify for this position, shall be grounds for non-employment or for dismissal after employment. I certify that I have read, fully understand and accept all terms of the foregoing.

I HEREBY APPLY FOR EMPLOYMENT, CREDENTIALING / PRIVILEGING AND AUTHORIZE FLORIDA COMMUNITY HEALTH CENTERS, INC., through agents and employees, to contact any and all agencies, institutions and persons listed herein for the purpose of obtaining background data, information and records relevant to my application. Therefore, I understand and agree that I, as an applicant to the health professional staff of Florida Community Health Centers, Inc., have the burden of producing adequate information for proper evaluation on my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

SIGNATURE: _____

DATE: _____



Florida Community Health Centers, Inc.

Primary & Specialty Care Since 1976

"Before Birth & Beyond, Let Our Family Take Care of Yours"

Florida Community Health Centers
5827 Corporate Way, West Palm Beach, 33407
(561) 844-9443

PRIVILEGED AND CONFIDENTIAL

Professional Review Committee
Records and Proceeding

Date: _____

To: _____ [Name of Physician]

_____ [Address]

_____ [City, State, Zip]

Re: Request for Verification of Fitness

I hereby authorize and consent to the release of information concerning me from the above identified physician and I hereby release from liability the above addressee for complying with this request.

By: _____
Signature of Applicant

Date: _____

[Print or Type Name of Applicant]

Position applied for: _____

[Attached copy of Position Description or Requested Privileges]

To Physician: _____

The above individual has applied for a staff position or to contract for services for the Center. It is a requirement of the Federal Tort Claims Act ("FTCA") liability coverage and accreditation standards for Center licensed or certified Staff that each such licensed or certified Staff member be determined fit to provide services at the Center. This information is requested at the direction of the Center's Compliance

and Performance Improvement Committee as a Professional (Medical) Review Committee and will become a part of the Confidential File for the above applicant. Your assistance is greatly appreciated.

Verification of fitness

Please provide the following information:

I certify that the above individual is/has been under my care as a patient. It is my professional opinion as his or her physician that the individual is:

☐ Fit to provide services in the Center without limitation.

☐ Fit to provide services in the Center under the following conditions:

☐ Not fit to provide services in the Center

By: _____
[Signature of Physician] [Print Name] [Date]

[Address] [City] [State] [Zip]

Telephone #: (____) _____

Please complete and return this form to the Center to the attention of:

Florida Community Health Center

5827 Corporate Way, West Palm Beach, 33407

**FLORIDA COMMUNITY HEALTH CENTERS
PROVIDER EMPLOYMENT APPLICATION
ADDITIONAL INFORMATION**

The following information will be used for credentialing purposes and is to be completed once a position has been offered. Please provide all information. If not applicable, please write "N/A".

Provider Name: _____

SS#: _____

Birth Date: _____

Birth Place: _____

Citizenship: _____

Discipline: _____

License #: _____

Exp. Date: _____

DEA #: _____

Exp. Date: _____

FL BCBS #: _____

MEDICAID #: _____

MEDICAID Login Name: _____ Password _____

To obtain your log in information call 800-289-7799 option #1, option #5

Medicare Part B#: _____

UPIN #: _____

NPI #: _____

NPI Website Login Name: _____ Password _____

To obtain your log in information call 800-465-3203

Please include copy of Receipt/e-mail from NPI with your notification

CAQH #: _____

CAQH Website Login Name: _____ Password _____

To obtain your log in information call 888-599-1771

If not Board Certified, please provide a current Reference Letter from a Board Certified Provider in the same Specialty.

EMPLOYMENT HISTORY**(All applicants must complete the Employment History)**

Provide a complete history of current and previous employment, starting with the present and working back. Include, in appropriate sequence, periods of unemployment. Copy this page for additional employment history if necessary.

1. Present or Last Employer

Name of employer					Type of business	
Address		Street	City	State	Zip Code	Telephone number (Area Code)
Employment Dates		Title of position		Name and title of immediate supervisor		
From Mo-Day-Yr	To Mo-Day-Yr					
Reason for leaving						

2. Next Previous Employer

Name of employer					Type of business	
Address		Street	City	State	Zip Code	Telephone number (Area Code)
Employment Dates		Title of position		Name and title of immediate supervisor		
From Mo-Day-Yr	To Mo-Day-Yr					
Reason for leaving						

3. Next Previous Employer

Name of employer					Type of business	
Address		Street	City	State	Zip Code	Telephone number (Area Code)
Employment Dates		Title of position		Name and title of immediate supervisor		
From Mo-Day-Yr	To Mo-Day-Yr					
Reason for leaving						

4. Next Previous Employer

Name of employer					Type of business	
Address		Street	City	State	Zip Code	Telephone number (Area Code)
Employment Dates		Title of position		Name and title of immediate supervisor		
From Mo-Day-Yr	To Mo-Day-Yr					
Reason for leaving						

FLORIDA COMMUNITY HEALTH CENTERS, INC.

CONFIDENTIAL

(Detach and retain in confidential file)

APPLICATION FOR EMPLOYMENT

CONVICTION RECORD

(Conviction of a violation of law or ordinance is not necessarily a bar to employment.)

Have you ever been convicted or plead no lo contendre (no contest) of a violation of any law or ordinance in this state or elsewhere? Have you had a conviction set aside or adjudicated? (Convictions for juvenile delinquency, youthful offender or wayward minor need not be reported. Traffic violations must be included.)

☐ YES ☐ NO

If yes, explain each conviction, setting forth the date, charge, court and action taken:

CERTIFICATION

I hereby certify that all the facts set forth above are true, complete and correct to the best of my knowledge and belief. I understand that all information shall be subject to investigation and that false information will be grounds for non-employment or for dismissal after employment.

Signature of Applicant	Date
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This information and any document received by the Corporation as part of a background criminal record investigation are strictly confidential and shall not be available for copying or inspection, except as expressly provided by law.

BACKGROUND CHECK DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees, and property, Florida Community Health Centers, Inc. (the "Company") will order a "consumer report" (a background check) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background checks on you for employment purposes. The Company may order an "investigative consumer report." An "investigative consumer report" is a background check that includes information from personal interviews (except in California, where that term includes background checks with and without personal interviews). The most common form of investigative consumer report is an investigation into your employment history.

The background check company, Private Eyes, Inc., will prepare the background report for the Company. Private Eyes, Inc. is located at 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598, and can be reached toll free at 877-292-3331. The privacy policies for Private Eyes Inc. may be found at its website at www.privateeyesinc.com.

The background check may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, credit worthiness, credit capacity and credit standing. The types of information that may be ordered include, but are not limited to: criminal, public, educational, military and motor vehicle records checks; verification with the Department of Transportation; verification of prior employment and income; reference, licensing, and certification checks; credit reports; and Social Security number verification. Information may be obtained from private and public record sources (including individuals, corporations, partnerships, law enforcement agencies, institutions, schools, credit bureaus, state licensing agencies and past and present employers), and for investigative consumer reports, from personal interviews with your associates, friends and neighbors. Such inquiries may request information regarding instances of harassment, violence, theft or fraud. You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company at 190 W Wiget Lane, Suite 220, Walnut Creek, CA 94598.

STATE SPECIFIC NOTICES

If you live or work for the Company in any of the states listed below, please note the following:

CONNECTICUT: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

CALIFORNIA: You have a right to view the file that Private Eyes, Inc. has with your information, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You also may ask for a file-summary by telephone. Private Eyes, Inc. can answer questions about information in your file including any coded information. If you come to their offices in person, another person can join you, so long as that person can show proper identification. The Company will only obtain and use information about your credit history information only as allowed by applicable state law. You may request more information by contacting the Company.

MAINE: If you contact the Company, you have the right to know within 5 business days whether the Company ordered an investigative consumer report about you, and if so, also to the address and telephone number of the nearest office for Private Eyes, Inc. You have the right to ask Private Eyes, Inc. for a copy of any such report and to promptly receive the copy from Private Eyes, Inc.

MARYLAND: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

MASSACHUSETTS: If you contact the Company, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask Private Eyes, Inc. for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to Private Eyes, Inc. for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. Private Eyes, Inc. must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to Private Eyes, Inc. for a copy of any investigative consumer report the Company ordered about you.

NEW YORK: If you contact the Company, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the address and telephone number for Private Eyes, Inc. You have the right to contact Private Eyes, Inc. to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided below.

OREGON: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

WASHINGTON STATE: If you submit a written request to the Company, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within 5 days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act. The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

BACKGROUND CHECK AUTHORIZATION

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background check, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background checks, including investigative consumer reports, during my employment without asking me for my authorization again, as allowed by law.

I also authorize all of the following to disclose to Private Eyes, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; the Department of Transportation, the military and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to Private Eyes, Inc. and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, and may include inquiries regarding workers' compensation, harassment, violence, theft or fraud.

I agree that, as allowed by law, the Company may rely on this authorization to order background checks from companies other than Private Eyes, Inc. without asking me for my authorization again. I also agree that a copy of this form is valid like the signed original.

I promise that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden Names _____ Years Used _____

Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

Other Driver's Licenses Held in Past 5 Years (include states) _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Present Street Address _____

City/State/ZIP _____

Residential Addresses Within Seven Years (use a separate sheet as needed)

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Signature _____

____/____/____
Date: (Month/Day/Year)

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: ☐

Client Account Number: 928000 FL Community Health Centers, Inc.

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report, another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete, inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- **You may seek damages from violators.** If a consumer reporting agency, or in some cases, a users of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets over \$10 billion and their affiliates b. Such affiliates that are not banks, saving associates, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20850 (877) 382-4357

(NEW YORK APPLICANTS ONLY)
ARTICLE 23-A, NEW YORK STATE CORRECTION LAW

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
 - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
 - (f) The seriousness of the offense or offenses.
 - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.