**CMHPSM Provider Network Application & Re-Credentialing Application Attachment D: Licensed Clinical Practitioner Background Check Verification**

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| --- | --- | --- | --- | --- |
| **Provider Name:** |  | **Application Date:** |  | **Initial App:** **[ ]  Renewal App:** **[ ]**  |
| **Please include as many copies of Attachment D as necessary to cover all applicable staff members indicate page number(s):** | **Page #:** |  | **of:** |  |

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|  | **Staff Information** | **Initial Criminal Background (Prior to Hire)** | **Most Recent Criminal Background Check** | **Motor Vehicle Record Check** | **E-Verify / I-9 Verification** | **CMH Recipient Rights Background Check** |
|  | **Last Name** | **First Name** | **Hire Date** | **Initial Check Date** | **Last Check Date** | **Clear / Not Clear** | **Date** | **Clear / Not Clear** | **Date** | **Clear / Not Clear** | **Date** | **Clear / Not Clear** |
| 1 |       |       |       |       |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |       |       |       |       |       |
| 17 |       |       |       |       |       |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |       |       |       |       |       |
| 19 |       |       |       |       |       |       |       |       |       |       |       |       |
| 20 |       |       |       |       |       |       |       |       |       |       |       |       |