



**Facility's Verification of Application
and Authorization for a Fingerprint-Based Background Check
S.C. Code Ann. Sections 44-7-2910, et seq.**

Direct Care Entity Name and License No.: _____

Direct Care Entity Point of Contact (POC) name: (print) _____

Applicant full name: (print) _____

Date application submitted by Applicant: _____

Date application received by Direct Care Entity: _____

Position Applicant submitted for: _____

Full-time/Part-time/Temporary/Volunteer: _____

On behalf of the abovementioned direct care entity, I affirm that the applicant caregiver has not undergone a fingerprint background check pursuant to S.C. Code Ann. Section 44-7-2910, et seq., until after he/she applied for employment with the abovementioned direct care entity. Therefore, pursuant to the attached August 23, 2023, Memorandum from the South Carolina Law Enforcement Division (SLED), a valid relationship existed between the direct care entity and the applicant at the time of the fingerprinting.

The *Direct Care Entity* is responsible for ensuring the accurate completion of this document by all appropriate applicants of the *Direct Care Entity*. The *Direct Care Entity* must maintain a copy of the completed document and submit the original document to the designated *Authorized Recipient (AR)* agency prior to the *Applicant* submitting fingerprints under the *AR's* ORI/Service Code.

The *Direct Care Entity* acknowledges it provided and the *Applicant* acknowledges he/she received the Noncriminal Justice Applicant's Privacy Rights and the FBI Privacy Act Statement prior to the *Applicant* submitting to a fingerprint-based background check. See enclosures. Further and as explained in such documents, the *Applicant* understand he/she has an opportunity to challenge the accuracy of the information contained in the criminal history:

- The subject of an out-of-state record may direct his/her challenge as to the accuracy or completeness of an entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306.
- For an in-state record, the subject may contact SLED directly at 803.896.5967. The subject should be prepared at that time to provide their full name, date of birth, social security number, and reason behind the challenge or correction request (in detail).

The *Direct Care Entity* must be able to provide completed documents to SLED Noncriminal Justice Information Services (NCJIS) Unit and/or the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Division upon request for audit purposes.

By signing below, the *Applicant* and *Direct Care Entity POC* acknowledge that the aforementioned information is true and correct.

Applicant Signature Date Signed

Direct Care Entity POC Signature Date signed