



## Background Check Consent Form

I give consent to the National Association of QIDPs or its designated agent to:

1. Examine the records of any state or national professional registry, including those for human services employees, child welfare workers, nurse assistants, or other professionals for the purpose of determining my eligibility for certification.
2. Request a criminal background check in my state of residence and any other state deemed appropriate. This may include a full fingerprint check if deemed necessary by the association.
3. Contact current/former employers to verify employment data.
4. Contact former educational institutions to verify degree received.

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from QIDP certification.

I understand that the information requested below is for the sole purpose of accurate identification and gathering of background information.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender:

- Male
- Female

Race (Select One or More):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street  
\_\_\_\_\_

City State Zip

Have you lived at your present address for at least 5 years?

- Yes
- No

If no, please list your former addresses for the past 5 years and the dates you resided in each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list relevant professional certifications or licenses.

Type of certificate/license:			
Name of licensing/certifying organization:			
State in which the license/certification is held:			
Date the license/certificate was issued:			
License number:			

Please list the colleges or universities that granted you a degree or professional certificate.

Name of institution		
Address of institution		
Dates attended		
Date of graduation		
Degree earned		
Major course of study		

Please list employers for the last five years (beginning with the most recent).

Name of employer		
Type of business		
Position		
Website address		
Street address		
Phone number		
Dates of employment		
Name of supervisor		
FT/PT and Permanent/Temporary status		

I certify that the above is true and correct and give my consent to NAQ or its designated agent to perform actions deemed appropriate in determining eligibility for certification.

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Applicant Signature

Date