



Dear Practitioner,

The application processing fee for **INITIAL APPOINTMENT** to the Clinton Memorial Medical Staff is \$150.00. Please make your check payable to Clinton Memorial Hospital, indicate on your check that payment is for “medical staff application fee” and send to:

Clinton Memorial Hospital  
Medical Staff Office  
610 W. Main St.  
Wilmington, OH 45177

There is currently no application processing fee for **REAPPOINTMENT APPLICATIONS**.

**NOTE:** Please contact the CMH Medical Staff Coordinator at 937-382-9314 if there is reason for your INITIAL APPOINTMENT credentialing file to be expedited. If expedited credentialing is approved, appropriate timelines and fees will apply.

Thank you.

Sincerely,

CMH Performance Improvement/Medical Staff Office  
610 W. Main Street  
Wilmington, OH 45177  
PHONE: 937-382-9314  
FAX: 937-283-9774



Dear Physicians and Advanced Practice Providers,

RE: Demonstration of Competence

As a demonstration of competence, all applicants for CMH medical staff privileges are required to submit case logs (for the past 24 months) that are reflective of the scope of privileges requested.

Please submit case logs for the **past 24 months**.

Failure to submit the required demonstration of competence documents will delay the credentialing process, and can result in denial of CMH medical staff privileges.

Thank you,

CMH Performance Improvement/Credentialing  
610. W Main St.  
Wilmington, Ohio 45177  
mevail@cmhregional.com  
937-382-9314 Phone  
937-283-9774 Fax



## **NEW MEDICAL STAFF MEMBER FORM**

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

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

Title (MD, DO, etc): \_\_\_\_\_

Address: \_\_\_\_\_

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## **MEDICAL STAFF MEMBER INFORMATION SHEET**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DOB: \_\_\_\_\_

NPI: \_\_\_\_\_

GENDER: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

JOB TITLE: Medical Staff Member

CELL PHONE: \_\_\_\_\_

MEDICAL STAFF MEMBER EMAIL (REQUIRED): \_\_\_\_\_

CREDENTIALING EMAIL (if different than above): \_\_\_\_\_

**Initial applicants only**



Medicare Regulations Require that each hospital have on file for each physician a signed and dated certification acknowledging the civil penalty applicable under Federal Law 42 CFR 412.46 for misrepresentation or falsification of patient information contained in the record.

Please review and acknowledge the following attestation statement by signing and dating the designated lines below and return it to the Performance Improvement/credentialing at your earliest convenience.

\*Notice to physicians: "Medicare payment to hospitals is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patients attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws."

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date



I, \_\_\_\_\_ have participated in Continuing Medical Education that satisfies the requirements of the Ohio State Medical Board to maintain licensure. Most of the Continuing Medical education has been related to the clinical privileges I am applying for with CMH Regional Health System.

I understand that I will be required to furnish proof of participation in Continuing Medical Education upon request.

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Printed Name

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Signature

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## Stark Memorandum

This questionnaire is a necessary part of our compliance efforts with the federal law known as “Stark II” (which concerns hospitals who have financial relationships with physicians who refer for hospital services). The scope of Stark II is broad: it requires an analysis of indirect financial relationships with physicians, including relationships between the hospital and any physicians “immediate family member. Such relationships are not prohibited- but we must simply be aware of them to ensure regulatory requirements are met.

Family Members Include:

- Husband or wife
- Birth or adoptive parent, child or sibling
- Stepparent, stepchild, stepbrother, or stepsister
- Father/mother-in-law, son/daughter-in-law, brother/sister-in-law, grandparent, grandchild, or spouse of a grandparent or grandchild

A financial relationship exists if any type of remunerations passes between the family member and the hospital. Examples include, but are not limited to; employment relationship, independent contractor relationship, lease or rental arrangement, or any other type of business arrangement or service where money is exchanged, in either direction.

### **STARK QUESTIONNAIRE FOR MEDICAL STAFF**

1. Do any of your family members have a “financial relationship” with the hospital?

Yes

No

2. If yes, please provide the name of the individual and define your relationship to that individual.

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

Relationship to you: \_\_\_\_\_

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Medical Staff Member Printed Name:

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Medical Staff Member Signature:

Date:

## HEALTH STATUS

### TO BE COMPLETED BY THE APPLICANT:

1. When was your last physical examination? \_\_\_\_\_
- |            | Date | Physician    |
|------------|------|--------------|
| a. Address | City | State        |
|            | Zip  | Phone Number |
2. Have you been hospitalized any time during the past five (5) years? Yes ☐ No ☐
3. Do you currently have any problem with alcohol or drug dependency; or have you had such a problem within the last three (3) years? Yes ☐ No ☐
- a. If yes, are you currently or have you been in a chemical treatment program within the last three (3) years? Yes ☐ No ☐
4. Are you currently under any limitations, concerning your activities or workload? Yes ☐ No ☐
5. Are you currently taking any medications that may affect either your clinical judgment or motor skills? Yes ☐ No ☐
6. Are you currently under the care of a physician? Yes ☐ No ☐
7. Do you have any health problems that would affect your ability to perform the specific privileges requested? Yes ☐ No ☐

**\*\*If you answered "yes" to any of the Health Status questions above, you must provide an explanation below (or attach a separate piece of paper if necessary)**

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Applicant's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Medical Staff Education Zero Harm – Safety Tools for All

Clinton Memorial Hospital  
RegionalCare Hospital Partners

**Please complete the Medical Staff Zero Harm Training available on  
E-Creds portal**

Post Test - Please Circle Your Answer

**1. The techniques presented in the PowerPoint have been proven to be very effective at reducing errors.**

\_\_\_\_\_ True    \_\_\_\_\_ False

**2. There are techniques you are expected to use when working at Clinton Memorial Hospital, but they can be used also in your personal life to avoid errors.**

\_\_\_\_\_ True    \_\_\_\_\_ False

**3. Studies have shown that the techniques can be used to reduce the chance of errors by up to ten times, reducing harm to patients receiving care at CMH.**

\_\_\_\_\_ True    \_\_\_\_\_ False

**4. When a care provider voices to you “I have a concern” you will stop and resolve the concern.**

\_\_\_\_\_ Yes, I will    \_\_\_\_\_ No, I will not

**By signing and printing your name to this attestation you are acknowledging that you have read and agree to the behavior expectations at CMH:**

**Pay attention to detail, Communicate Clearly, Practice with a Questioning Attitude, Use and Comply with policy, procedure, and checklists, and will Speak-up for safety.**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Print Name:**

\_\_\_\_\_  
**Date:**





<b>CREDENTIALS HISTORY- Since your last appointment/re-appointment</b>		
1. Has your specialty certification in any jurisdiction been suspended, revoked, altered, denied, not renewed, reduced, limited, subjected to restrictions, withdrawn, relinquished, or otherwise altered in any way, whether voluntarily or involuntarily?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has your license to practice any profession in any jurisdiction been suspended, denied, not renewed, reduced, limited, subjected to restrictions, withdrawn, relinquished, or otherwise altered in any way, whether voluntary or involuntarily?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has your DEA registration to prescribe controlled substances been suspended, revoked, altered, denied, not renewed, reduced, limited, subjected to restrictions, withdrawn, relinquished, or otherwise altered in any way, whether voluntarily or involuntarily?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Has your employment, staff appointment or privileges at any health care entity been suspended, revoked, altered, denied, not renewed, reduced, limited, subjected to restrictions withdrawn, relinquished, or otherwise altered in any way, whether voluntarily or involuntarily?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you withdrawn your application for appointment, reappointment, and/or clinical privileges or resigned from a staff status before a decision by a hospital or health care facility was rendered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Has your application for membership or fellowship in local, state, or national professional organizations been suspended, revoked, altered, denied, not renewed, reduced, limited, subjected to restrictions withdrawn, relinquished, or otherwise altered in any way, whether voluntarily or involuntarily?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Has any medical or professional school declined to renew your faculty membership or subjected you to disciplinary actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you been suspended, sanctioned, or otherwise restricted from participating in any private, federal or state health insurance program (for example, Medicare, Medicaid)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Have you been named as a defendant in any criminal proceedings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**If you have answered yes to any of the above questions, please provide a full and objective statement of the details on a separate sheet including the relevant dates and return it with this form.**

\_\_\_\_\_  
Applicants Printed Name:

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

## **Expectations of Physicians Granted Privileges at Clinton Memorial Hospital**

This document describes the expectations that physicians have of each other as members of our medical staff. The expectations described below reflect current medical staff bylaws, policies and procedures and organizational policies. This document is designed to bring together the most important issues found in those documents and key concepts reflecting our medical staff's culture and vision. While these expectations will provide a guide for the medical staff in selecting measures of physician competency, not every expectation will be directly measured.

Medical staff leaders will work to improve individual and aggregate medical staff performance through non-punitive approaches and providing appropriate positive and constructive feedback that allows each physician the opportunity to grow and develop in his or her capabilities to provide outstanding patient care and valuable contributions to our hospital.

**Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society as evidenced by the following:

1. Act in a professional, respectful manner at all times to enhance a spirit of cooperation and mutual respect and trust among members of the patient care team.
2. Address disagreements in a constructive, respectful manner away from patients or other non-involved caregivers.
3. Respond to requests for inpatient consultations in a timely manner by performing the consult or otherwise notifying the referring physician by the procedure indicated in the medical staff rules and regulations.
4. Respond promptly to nursing requests for patient care needs.
5. Participate in emergency room call coverage as determined by the Medical Staff policy.
6. Respond in the spirit of continuous improvement when contacted regarding concerns about patient care.
7. In the spirit of early assistance, help to identify issues affecting the physical and mental health of fellow medical staff members and cooperate with programs designed to provide assistance.
8. Make positive contributions to the medical staff by participating actively in medical staff functions, serving when requested and by responding in a timely manner when input is requested.

**Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams as evidenced by the following:

1. Refrain from inappropriate behavior including but not limited to impulsive, disruptive, sexually harassing or disrespectful behavior or documentation in the medical record that does not directly relate to the patient clinical status or plan of care and is derogatory or inflammatory.

2. Communicate effectively with physicians, other caregivers, patients and families to ensure accurate transfer of information through appropriate oral and written methods according to hospital policies.
3. Support the medical staff's efforts to maintain patient satisfaction rates for physicians.
4. Maintain medical records consistent with the medical staff bylaws, rules, regulations and policies including but not limited to chart entry legibility and timely completion of History and Physical examination reports, Operative Reports, procedure notes, appropriate abbreviations and discharge summaries.
5. Request inpatient consultations by providing adequate communication with the consultant including a clear reason for consultation and, for urgent or emergent requests, make direct physician-to-physician contact.

**Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life as evidenced by the following:

1. Provide for patient comfort, including prompt and effective management of acute and chronic pain according to accepted standards in the medical literature.
2. Discuss end-of-life issues when appropriate to a patient's condition, including advance directives and patient and family support, and honor patient desires.
3. Provide effective patient care that consistently meets or exceeds medical staff or appropriate external standards of care as defined by comparative outcome data, medical literature and results of peer review activities.
4. Assure that each patient is evaluated by a physician as defined in the bylaws, rules and regulations and document findings in the medical record at that time.
5. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention.
6. If applicable, supervise residents, students and allied health professionals to assure patients receive the highest quality of care.
7. Demonstrate caring and respectful behaviors when interacting with patients and their families.
8. Counsel and educate patients and their families.

**Medical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others as evidenced by the following:

1. Use evidence-based guidelines when available as recommended by the appropriate specialty, in selecting the most effective and appropriate approaches to diagnosis and treatment.
2. Maintain ongoing medical education and board certification as appropriate for each specialty.
3. Demonstrate appropriate technical skills and medical knowledge.

**Systems Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare as evidenced by the following:

1. Ensure timely and continuous care of attached patients, 24 hour per day, seven days per week, by clear identification of covering physicians and by appropriate and timely answering service and electronic communications availability.
2. Participate in the hospital's efforts and policies to maintain a patient safety culture, reduce medical errors and respect patient rights including discussion of unanticipated adverse outcomes with patients and/or appropriate family members and respect for patient privacy by not discussing patient care information and issues in public settings.
3. Follow nationally recognized recommendations (CDC) regarding infection control procedures and precautions when participating in patient care.
4. Strive to provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources according to comparative data, and current professional standards including Length of Stay, Operating Room time, Ancillary Testing, Supply Costs, pharmaceuticals and devices.
5. Cooperate with guidelines for appropriate hospital admission, level of care transfer, and timely discharge to outpatient management when medically appropriate.
6. Provide accurate and timely discharge orders and instructions in collaboration with other caregivers.

**Practice Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care as evidenced by the following:

1. Review your individual and specialty data for all dimensions of performance and utilize this data to for self-improvement to continuously improve patient care.
2. Respond in a constructive manner when contacted regarding concerns about patient care.
3. Use hospital information technology to manage information and access on-line medical information.
4. Facilitate the learning of students, trainees and other health care professionals

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**Signature:**

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**Date:**

## **5/2010 References**

ACGME Board February 13, 2007

CMH Medical Staff Rules and Regulations 3/2006

CMH Medical Staff Bylaws 11/2004CMH Policies and Procedures and Organizational Policies

The Greeley Company 2010

TO BE COMPLETED BY **TELEMED ONLY** PHYSICIANS

**Notary Identification Attestation**

I attest that \_\_\_\_\_ has presented their government-issued identification  
*(printed name of individual)*

to me, \_\_\_\_\_, for the purpose of verifying their identity.  
*(printed name of notary)*

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State of \_\_\_\_\_, County of \_\_\_\_\_

Presented before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**(Notary Seal)**

\_\_\_\_\_  
*(Signature of Notary)*

\_\_\_\_\_  
**(Name of Notary typed, printed or stamped)**

My Commission expires \_\_\_\_\_.

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***Copy of Government-Issued Identification should be provided below.***

## Confidentiality and Security Agreement

I understand that the facility or business entity named below (the "Company") in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the "Company"), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with individually identifiable health information and protected health information, "Confidential Information").

In the course of my employment / assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will not use company systems to access patient information if it is not necessary to perform my job related duties. This includes NOT accessing my own health information or that of my child or person's for which I am personal representative via the company systems. The Company's Privacy and Security Policies available on the Company intranet (on the Security Page) and the internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
  2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
  3. I will not discuss confidential information where others can overhear the conversation, even if the patient's name is not used. I will make every reasonable attempt to refrain from practices that might lend itself to unintended breach of patient confidentiality.
  4. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information.
  5. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
  6. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
  7. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.
  8. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
  9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company's policies.
  10. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
  11. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
  12. I will practice good workstation security measures such as locking up electronic media devices when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
  13. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
  14. I will:
    - a. Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card)).
    - b. Use only approved licensed software.
    - c. Use a device with virus protection software.
  15. I will never:
    - d. Share/disclose user-IDs, passwords or tokens.
    - e. Use tools or techniques to break/exploit security measures.
    - f. Connect to unauthorized networks through the systems or devices.
  16. I will notify my manager, Local Security Coordinator (LSC), or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
- The following statements apply to physicians using any Company systems containing patient identifiable health information (e.g. HMS, Meditech, eCW):
17. I will only access software systems to review patient records or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient's record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.
  18. I will accept full responsibility for the actions of my employees who may access the Company software systems and Confidential Information.
  19. I have no intention of varying the volume or value of referrals I make to the Company in exchange for Internet access service or for access to any other Company information.
  20. I have not agreed, in writing or otherwise, to accept Internet access in exchange for the referral to the Company of any patients or other business.
  21. I understand that the Company may decide at any time without notice to no longer provide access to any systems to physicians on the medical staff unless other contracts or agreements state otherwise. I understand that if I am no longer a member of the facility's medical staff, I may no longer use the facility's equipment to access the Internet.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor/Office Staff/Physician Signature	Facility Name and COID 16075 Clinton Memorial	Date
Employee/Consultant/Vendor/Office Staff/Physician Printed Name	Business Entity Name	

## AUTHORIZATION OF BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as, but not limited to, TalentWise Solutions LLC ("TalentWise"), a consumer reporting agency, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from any consumer reporting agency.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract term, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, record/data repositories (including the National Practitioner Data Bank), courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and education, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ **CALIFORNIA, MINNESOTA, or OKLAHOMA applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

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Printed Name

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Signature

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Date

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Applicant E-Mail Address (required)

E-mail must be unique to the applicant

## DISCLOSURE FOR BACKGROUND CHECK

Kindred Healthcare will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, credentialing/privileging or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

TalentWise, Inc., a consumer reporting agency, will obtain the report for the Company. Further information regarding TalentWise, including its privacy policy, may be found online at [www.TalentWise.com](http://www.TalentWise.com). TalentWise is located at 19910 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The information that may be included in your report include: *social security number trace, criminal records checks, public court records checks, driving records checks, drug tests, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.



## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

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](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or 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](http://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 the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://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](http://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 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user 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](http://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 of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	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 branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	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 Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	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, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land 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 or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
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#### ADDITIONAL STATE LAW NOTICES

**CALIFORNIA:** Pursuant to section AB 22 Employers who order **credit reports** on a California resident, applicant who will be working in California, or who will be employed by a company in California must complete the following section. Under this law employers cannot use a consumer credit report for employment purposes for any position excluding those listed below. As required in your disclosure to the applicant, please indicate the specific reason(s) for which an employment credit report is being requested:

This employment position:

- Is managerial (as defined by the California Industrial Welfare Commission);
- Is in the State Department of Justice;
- Is as a peace officer or other law enforcement;
- Involves regular access to bank or credit card account info, social security numbers and dates of birth (this does not include ordinary retail work);
- Would make the employee a named signatory on the employer's bank or credit card account;
- Would authorize the employee to transfer money on the employer's behalf;
- Would authorize the employee to enter into financial contracts on the employer's behalf;
- Involves access to confidential or proprietary information that derives independent economic value from not being generally known and an effort is being made to maintain its secrecy;
- Involves regular access to cash of \$10,000 or more during the workday that belongs to the employer, a customer or a client. This doesn't apply to financial institutions subject to oversight by a state or federal regulatory agency.

**CALIFORNIA, MASSACHUSETTS, MINNESOTA, NEW JERSEY, AND OKLAHOMA** applicants or residents: You have a right to request a free copy of your report.

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may contact TalentWise during normal business hours (9am to 5pm PST, Monday through Friday) to obtain and review all information in your file. You may obtain such information by appearing in person at TalentWise's offices, during normal business hours and upon reasonable notice, and upon submitting proper identification and paying the costs duplication services. You may be accompanied by one other person, provided that person furnishes proper identification. You may also obtain a copy of your file by certified mail, if you have previously provided identification in a written request that your file be sent to you or a third party identified by you. You may also obtain a summary of your file by telephone, upon providing proper identification. TalentWise has trained personnel available to explain your file to you, including any coded information.

**CALIFORNIA (En Español):** De acuerdo con el artículo 1786.22 del Código Civil, Usted puede llamar a TalentWise durante los horarios normales de trabajo (9 de la mañana a 5 de la tarde, tiempo del pacífico, lunes a viernes) para obtener y examinar su archivo privado en detalle. Para conseguir una copia de su archivo privado, puede hacer una visita en persona a la oficina de TalentWise durante los horarios normales de trabajo, dando aviso razonable, presentando identificación apropiada, y pagando los costos de duplicación. Otra persona puede acompañarle con tal que también traiga identificación apropiada. Usted puede pedirnos que le mandemos por correo certificado una copia de su archivo privado con tal que hayamos recibido una solicitud escrita indicando que le mandemos una copia de su archivo privado a Usted o a un tercero que esté identificado por Usted. También puede pedir por teléfono un resumen de su archivo privado, al presentarnos identificación apropiada. TalentWise emplea trabajadores cualificados, quienes están disponibles para explicarle el contenido de su archivo privado, incluyendo cualquier dato cifrado.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**WASHINGTON:** If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from

the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**NEW YORK:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. At the time you consent to your employer obtaining a report you are entitled to receive a copy of Article 23-A of New York Correction Law. Do not sign your consent until you receive a copy of that law.

**NEW YORK CORRECTION LAW ARTICLE 23-A  
New York Bus Code §380-c(b)(2) and 380-g(d)**

**§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 individuals 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.

**CALIFORNIA [SAN FRANCISCO/ENGLISH]:**

***Post where readily accessible to job applicants and employees.***

**CITY AND COUNTY OF SAN FRANCISCO EDWIN M. LEE, MAYOR**

**NOTICE TO JOB APPLICANTS AND EMPLOYEES**

**San Francisco Fair Chance Ordinance Police Code, Article 49**

**Starting August 13, 2014, the Fair Chance Ordinance (San Francisco Police Code, Article 49) requires employers to follow strict rules regarding the use of arrest and conviction records in hiring and employment decisions.** The ordinance covers job applicants and employees who would be or are performing work in whole, or in substantial part, in San Francisco and applies to employers who have 20 or more employees (regardless of the employees' locations).

**Certain matters are off-limits.** An employer may *never* ask about, require disclosure of, or consider: an arrest not leading to a conviction (other than an unresolved arrest that is still undergoing criminal investigation or trial); participation in a diversion or deferral of judgment program; a conviction that has been expunged or made inoperative; any determination in the juvenile justice system; a conviction more than 7 years old; and a criminal offense other than a felony/misdemeanor. Matters that are off-limits cannot be used by the employer for any reason at any stage of the hiring process.

**An employer cannot ask about an individual's conviction history or unresolved arrests at the start of the hiring process.**

This includes through a job application form, informal conversation, or otherwise.

**A mandatory interactive process for matters not off-limits.** Only after a live interview has been conducted, or a conditional offer of employment made, is the employer allowed to ask about an individual's conviction history (except as to matters that are off-limits) and unresolved arrests. Only those convictions and unresolved arrests that *directly relate* to the individual's ability to do the job may be considered in making an employment decision.

Before the employer may take an adverse action such as failing/refusing to hire, discharging, or not promoting an individual based on a conviction history or unresolved arrest, the employer must give the individual an opportunity to present evidence that the information is inaccurate, the individual has been rehabilitated, or other mitigating factors. The individual has seven days to respond, at which point the employer must delay any adverse action for a reasonable time and reconsider the adverse action. The employer must notify the individual of any final adverse action.

*Evidence of rehabilitation* include satisfying parole/probation; receiving education/training; participating in alcohol/drug treatment programs; letters of recommendation; and age at which the individual was convicted. *Mitigating factors* include coercion, physical or emotional abuse, and untreated substance abuse/mental illness, that contributed to the conviction.

**No Retaliation.** An employer may not take an adverse action against an applicant or employee for exercising their rights under the ordinance or cooperating with the Office of Labor Standards Enforcement OLSE.

If you need more information, or wish to report an employer that you believe has violated this ordinance, please contact the OLSE at 415-554-5192 or email [FCE@sfgov.org](mailto:FCE@sfgov.org).

**OFFICE OF LABOR STANDARDS ENFORCEMENT**

**City Hall, Room 430 1 Dr. Carlton B. Goodlett Place San Francisco CA 94102-4685 Tel. (415) 554-6235 Fax (415) 554-4791**