



IDAHO DEPARTMENT OF
HEALTH & WELFARE

REQUEST FOR TRANSFER OF CRIMINAL HISTORY/BACKGROUND CHECK WAIVER

Waivers issued by the Division of Behavioral Health (DBH) are not automatically transferrable to a new employer. Individual waiver recipients, and their prospective employer, must submit this form and supporting documentation for review by the waiver committee. Waivered individuals are not eligible to work with clients at their new employer until they have been notified in writing by DBH.

Incomplete submissions cannot be accepted. All waiver transfer requests must include the following supporting documentation:

- 1.) Copy of Idaho State Police (ISP) name based criminal background check results.

Applicant Name: _____ **Phone:** _____ **Email:** _____
Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Employer (Name of Agency/Program): _____
Agency/Program Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Agency/Program Contact: _____ **Contact Email:** _____

To be completed by applicant:

Have you been arrested, charged, or convicted of any criminal offences since your waiver was granted? Yes No

If yes, list and describe the offense(s) [include additional pages if needed]:

Please describe the type(s) of services you will be providing (counseling, education, clerical, management, etc.):

SIGNATURE PAGE

I have read, understand, and agree to abide by the Criminal History and Background Check Requirements outlined in IDAPA 16.07.15.009 and IDAPA 16.07.33.009. I certify that the information in this request, and all applicable supporting documentation, is true, complete, and correct to the best of my knowledge. By signing this application, you agree to allow the application and all included information to be distributed to a waiver review subcommittee consisting of employees of the Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Corrections and the Idaho Supreme Court.

Applicant Signature

Date

To be completed by employer:

By signing below, I certify that the individual named in this application is seeking to transfer their waiver because they are applying for employment with my agency or program. I am aware of their criminal history and waived status, and have reviewed the Idaho State Police name based criminal history background check results.

Employer Signature

Date

Submit completed request form and supporting documents to:

Idaho Department of Health and Welfare:

Administrative Procedures Section
450 W. State Street
P.O. Box 83720
Boise, ID 83720-0026

FOR IDHW USE ONLY

Waiver transfer granted by Division Administrator?
 Yes
 No