
INTEROFFICE MEMORANDUM

TO: IOWA APPLICANTS
FROM: RECRUITER
SUBJECT: CRIMINAL BACKGROUND CHECKS

The state of Iowa, under the provisions of Iowa Code section (135C.33), requires all facilities, in which employees provide health care, to request the department of public safety to perform criminal record checks of those employees.

In order to comply with state code, we will perform criminal record checks for all Shared Medical Services employees in the state of Iowa.

Please complete the second section of the attached form including: name, date of birth, sex, and social security number. Please also sign and date the bottom of the page, which gives SMS permission to complete the check. Please return the form at your earliest convenience.

Thank you for your cooperation in meeting Iowa mandatory laws.

SHARED MEDICAL SERVICES



**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

ACCOUNT NUMBER _____

**TO: Iowa Division of Criminal
Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138
(515) 242-6876 (fax)**

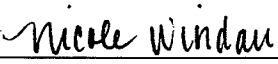
**FROM: Shared Medical Services
209 Limestone Pass
P.O. Box 330
Cottage Grove, WI 53527

Phone # Phone (608) 839-9050
Fax # Fax (608) 839-8950**

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
/ /	Sex	- -
Date of Birth (mandatory)	Sex (mandatory)	Social Security Number (recommended)
 _____ Signature of Requester		

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record attached No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ Signature	_____ Date
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