

APPLICATION FOR POTENTIAL INTERN PLACEMENT

Date of Request: _____ **Date received by HOTBHN:** _____

Name of College/University: _____ **Location:** _____

College/University Course Delivery Method: Classroom _____ Online _____ Blended _____

Name of Field Education Director Requesting Placement: _____

Field Director's Phone Number(s): _____ **Email Address:** _____

Name of Student: _____ **Student Phone Number:** _____

Email Address: _____ **Major:** _____

Current Degree Plan: _____ **# of Semesters Completed:** _____

Degrees currently held: _____

Current Placement Requested: (Check one) **Current Placement Level:** (Check one)

Practicum: _____
 Intern I: _____
 Intern II: _____
 Clinical _____
 Foundation: _____
 Advanced: _____

Length of Internship Placement: Start Date: _____ End Date: _____ # of hours per week: _____

Total Number of Hours Required for Placement: _____ # of Direct _____ # of Indirect _____

Special Requirements/Credentials for Field Supervision: _____

Student Goal for Intern Learning Experience: _____

Preferred Program for Internship Placement:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

TO BE COMPLETED BY HOTBHN INTERN COORDINATOR

Approved
 Declined
 Withdrawn

Forwarded to Program Supervisor: _____ **Date:** _____

Program for Placement: _____

Field Supervisor: _____ **Placement Approval Date:** _____

Intern Orientation Date: _____ **Relias Training Manual #:** _____

Training Start Date: _____ **Training Completion Date:** _____

CRIMINAL HISTORY AND REGISTRY CLEARANCES -

Contractor Form

Before a final offer of a contract is made, The Texas Administrative Code, Chapter 414, Subchapter K, effective February 6, 2002, requires local authorities and community centers to obtain criminal history record information directly from the Texas Department of Public Safety (TDPS) on applicants for employment, volunteers, interns, and contract providers.

In addition to obtaining criminal history record information from TDPS, local authorities and community centers must get criminal history information on applicants for employment, volunteers, interns, and contract providers who have lived outside the State of Texas at *any time* during the two years preceding the application for employment, internship, contractor or volunteer status. This is obtained through the FBI using a complete set of fingerprints on the official FBI card (arranged by the Human Resources Department).

This rule also requires the local authorities and community centers to search the Health and Human Services Commission (HHSC) Employee Misconduct Registry and the HHSC Nurse Aide Registry to determine if an applicant, employee, or contract provider is listed in either registry for having abused, neglected or exploited a resident or consumer of a facility or misappropriated a consumers property. Suppose listed as unemployable in the registry; the Center cannot employ, contract with, or give volunteer status to a prospective or current individual.

This Center will also check the Health and Human Services Inspector General site OIG Exclusion database for individuals and entities currently excluded from participation in Medicare, Medicaid, and all Federal health care programs.

To process the request to Contract with the Center, the following information **MUST** be completed and returned before the process can continue.

Last Name	First Name	Middle	Maiden Name
List any other names used in employment, schools or colleges			
<u>Have you lived outside state of Texas within the past two years :</u>			
No Yes State(s)-			
Must Check Response			
Date of Birth	Sex	Ethnicity	Social Security #
Driver License #	State of License		
Signature of potential Contractor	Date		
ATTACH COPY OF DRIVER LICENSE AND SOCIAL SECURITY CARD			
FOR OFFICE USE ONLY			
RU _____		FY _____	
Date Received: _____			
Date Processed: _____			
Date Completed: _____		Initial: _____	

LIST OF BARRED OFFENSES

Taken from the Texas Health and Safety Code, 250.006

The following individuals may not be employed by, assigned volunteer status at, or serve as a contract provider at a local authority or community center if:

- (1) an individual has been convicted of:
 - (a) an offense under Chapter 19, Penal Code (criminal homicide);
 - (b) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
 - (c) an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), Section 21.11, Penal Code (indecent with a child);
 - (d) an offense under Section 22.011, Penal Code (sexual assault);
 - (e) an offense under Section 22.02, Penal Code (aggravated assault);
 - (f) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
 - (g) an offense under Section 22.041, Penal Code (abandoning or endangering child);
 - (h) an offense under Section 22.08, Penal Code (aiding suicide);
 - (i) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - (j) an offense under Section 25.08, Penal Code (sale or purchase of a child);
 - (k) an offense under Section 28.02, Penal Code (arson);
 - (l) an offense under Section 29.02, Penal Code (robbery);
 - (m) an offense under Section 29.03, Penal Code (aggravated robbery);
 - (n) an offense under Section 21.08, Penal Code (indecent exposure);
 - (o) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - (p) an offense under Section 21.15, Penal Code (improper photography or visual recording);
 - (q) an offense under Section 22.05, Penal Code (deadly conduct);
 - (r) an offense under Section 22.021, Penal Code (aggravated sexual assault);
 - (s) an offense under Section 22.07, Penal Code (terroristic threat);
 - (t) an offense under Section 33.021, Penal Code (online solicitation of a minor);
 - (u) an offense under Section 34.02, Penal Code (money laundering);
 - (v) an offense under Section 35A.02, Penal Code (Medicaid fraud);
 - (w) an offense under Section 36.06, Penal Code (obstruction or retaliation);
 - (x) an offense under Section 42.09, Penal Code (cruelty to livestock animals) or Section 42.092, Penal Code (cruelty to nonlivestock animals); or
 - (z) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed in a-y above (aa) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:
 - (A) an offense under Section 22.01, Penal Code (assault) that is punishable as a Class A misdemeanor or as a felony;
 - (B) an offense under Section 30.02, Penal Code (burglary);
 - (C) an offense under Chapter 31, Penal Code (theft) that is punishable as a felony;
 - (D) an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution) that is punishable as a Class A misdemeanor or a felony;
 - (E) an offense under Section 32.46, Penal Code (securing execution of a document by deception) that is punishable as a Class A misdemeanor or a felony;
 - (F) an offense under Section 37.12, Penal Code (false identification as a peace officer); or an offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).
 - (G) of an offense under Section 30.02, Penal Code (burglary); or
- (2) an individual who has been convicted of a criminal offense that the local authority or community center has determined to be a contraindication to employment, volunteer status, or provider status at the entity.
- (3) Per Subsection 250.006(d), a person placed on deferred adjudication community service for an offense listed in Section 250.006 is not considered convicted of the crime.
- (4) an individual who is listed as revoked in the Nurse Aide Registry or
- (5) an individual listed as unemployable in the Employee Misconduct Registry.

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name: Heart of Texas Behavioral Health Network

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input checked="" type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input checked="" type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain: