



Dear Applicant:

Thank you for your interest in Olathe Medical Center and/or Miami County Medical Center. In order to apply for Allied Health staff appointment and/or clinical privileges, the following Request for Application must be completed and the following baseline standards met:

1. Current unrestricted license in the State of Kansas and a current Federal DEA number (if applicable), with no record of past adverse licensure action.
2. Maintenance of professional liability insurance coverage.
3. No record of conviction of a felony or misdemeanor related to professional practice, reimbursement or controlled substance violations.
4. No record of denial, revocation or termination of appointment or clinical privileges by any health care facility for reasons related to professional competence or conduct.
5. If an exclusive contractual agreement conflicts with your request(s) for staff appointment and/or clinical privileges, you will be notified of such.
6. Valid email address.

If the baseline standards are met, you may be provided applications for staff appointment and clinical privileges.

You may email your completed application and documents back:

Traci Lewin – traci.lewin@olathehealth.org

If you have any questions regarding the application process, you may call 913-791-4309.

PLEASE REMEMBER - THIS IS THE FIRST PART OF A 2-PART APPLICATION PROCESS. NO STAFF MEMBERSHIP OR CLINICAL PRIVILEGES ARE EXTENDED OR IMPLIED BY OUR PROVIDING YOU WITH THE FOLLOWING FORM; NEITHER IS STAFF MEMBERSHIP OR CLINICAL PRIVILEGES EXTENDED OR IMPLIED AS A RESULT OF THE COMPLETION AND SUBMISSION OF THE FOLLOWING FORM.

Sincerely,

Leslie Johnston
Medical Staff Coordinator
Olathe Medical Center, Inc.
Miami County Medical Center, Inc. CVO
20333 West 151st Street
Olathe, KS 66061



ALLIED HEALTH PREAPPLICATION

NAME: _____ SPECIALTY: _____

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

PRACTICE PHONE: _____ CELL PHONE: _____

SPONSORING PHYSICIAN(S): _____

E-MAIL ADDRESS: _____

YOUR APPLICATION WILL BE SENT VIA EMAIL TO THE ABOVE ADDRESS IF APPROVED.

PLEASE ENSURE THAT YOU PROVIDE A VALID EMAIL

INSTITUTION(S) WHERE APPOINTMENT AND PRIVILEGES ARE BEING SOUGHT:

OLATHE MEDICAL CENTER MIAMI COUNTY MEDICAL CENTER

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

- A. **Attach a copy of your narcotic license (if applicable).**
- B. **Attach a copy of your curriculum vitae.**
- C. **Attach a copy of a valid driver's license.**
- D. **Provide copies of the following certificates if applicable CPR, BLS, PALS, ACLS, NRP or NCC certification.**
- E. **Provide case logs for the most recent 24 months.**

-
1. HAVE YOU BEEN THE SUBJECT OF MEDICARE OR MEDICAID SANCTIONS?----- YES NO
 2. HAVE YOU HAD ANY ARRESTS FOR PROBLEMS ASSOCIATED WITH ALCOHOL OR DRUG USE? ----- YES NO
 3. HAS YOUR LICENSE TO PRACTICE IN ANY JURISDICTION BEEN LIMITED, SUSPENDED, REVOKED, DENIED OR SUBJECT TO PROBATIONARY CONDITIONS, OR IS SUCH ACTION PENDING? ----- YES NO
 4. HAS YOUR NARCOTICS REGISTRATION BEEN SUSPENDED, DENIED, REVOKED, REDUCED OR NOT RENEWED OR IS SUCH ACTION PENDING? ----- YES NO
 5. HAVE YOU BEEN DENIED MEMBERSHIP TO ANY HEALTH CARE FACILITY MEDICAL STAFF OR HAS REAPPOINTMENT TO ANY HEALTH CARE FACILITY MEDICAL STAFF BEEN DENIED, OR IS SUCH ACTION PENDING? ----- YES NO
 6. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST YOU BY ANY OTHER HEALTH CARE FACILITY MEDICAL STAFF OR GOVERNING BOARD OR BY ANY MEDICAL ORGANIZATION OR PROFESSIONAL SOCIETY, LOCAL, STATE OR NATIONAL, OR IS SUCH ACTION PENDING? ----- YES NO
 7. HAVE YOUR PRIVILEGES AT ANY HEALTH CARE FACILITY BEEN SUSPENDED, DIMINISHED, REVOKED OR NOT RENEWED? (Temporary suspension for delinquent charts does not warrant an affirmative answer.)----- YES NO
 8. HAVE YOU VOLUNTARILY RELINQUISHED ANY MEDICAL STAFF MEMBERSHIP, CLINICAL PRIVILEGE(S), MEDICAL ORGANIZATION OR PROFESSIONAL SOCIETY MEMBERSHIP, PROFESSIONAL LICENSE(S) OR NARCOTICS REGISTRATION? ----- YES NO
 9. HAVE ANY PROFESSIONAL LIABILITY JUDGMENTS OR SETTLEMENTS BEEN MADE AGAINST YOU? --- YES NO
 10. HAVE ANY PROFESSIONAL LIABILITY SUITS BEEN FILED AGAINST YOU? ----- YES NO
 11. HAVE YOU BEEN CONVICTED OF A CRIME, FELONY OR MILITARY COURT MARTIAL?----- YES NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER. *YOUR REQUEST WILL NOT BE CONSIDERED WITHOUT SUCH DOCUMENTATION.*

By applying for staff appointment and clinical privileges at Olathe Medical Center and/or Miami County Medical Center, I accept the terms and conditions set forth and intend to be legally bound thereby, and I hereby –

- Authorize the hospital, its medical staff, and its representatives to inspect all documents that may be material to an evaluation of my qualifications and competence, and consent to the release of such information
- Release from liability all representatives of the hospital and its staff for actions performed and statements made in connection with the evaluation of my application, credentials, and qualifications to the fullest extent permitted by law
- Release from liability any and all individuals and organizations who provide information to the hospital or the medical staff concerning my professional competence, background, experience, ethics, character, utilization practice patterns, and other qualifications for staff appointment and/or clinical privileges to the fullest extent permitted by law
- Acknowledge that any material misrepresentation, misstatements, or omissions from this application, whether intentional or not, constitute cause for denial of appointment and clinical privileges or cause for summary dismissal from the staff
- Acknowledge this release may be used to obtain information from state licensing boards, that may include verification of any open or closed investigations, patient complaints and standard of care determinations reported by health care facility(s) and/or specialty clinic(s)
- Acknowledge this release may be used to share information regarding any open or closed investigations, patient complaints and standard of care determinations within Olathe Health System.
- Acknowledge and agree that pursuant to the Kansas peer review statute (KSA 65-495) hospital acquired peer review information regarding the quality of patient care provided by me may be shared with the Risk Management/Quality Committee of Olathe Medical Center.
- (If Sponsored), I further understand that my appointment is contingent upon the medical staff membership and/or privileges of my sponsor.

APPLICANT SIGNATURE: _____ **DATE:** _____

SPONSOR SIGNATURE: _____ **DATE:** _____

SPONSOR PRINTED NAME _____

BACKGROUND CHECK DISCLOSURE

Private Eyes, Inc. (the "Company") will order a "consumer report" (a background check) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background checks on you for employment purposes.

The Company may order an "investigative consumer report." Such reports typically include information from personal interviews, most commonly from an applicant's prior employers and references.

The background check may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, credit worthiness, credit capacity and credit standing. Information may be obtained from private and public record sources, and for investigative consumer reports, from personal interviews as noted above. You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting Private Eyes, Inc at 2700 Ygnacio Valley Road Suite #100, Walnut Creek, CA 94598.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK. PLEASE PROCEED TO THE NEXT DOCUMENT: THE BACKGROUND CHECK AUTHORIZATION

BACKGROUND CHECK AUTHORIZATION

I authorize Olathe Medical Center- Medical Staff (the company) to order my background check, including investigative consumer reports. I understand that, as allowed by law, the Company may rely on this authorization to order additional background checks, including investigative consumer reports, during my employment without asking me for my authorization again, as allowed by law. I also authorize all of the following to disclose to Private Eyes, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; the Department of Transportation, the military and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to Private Eyes, Inc. and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, and may include inquiries regarding workers' compensation, harassment, violence, theft or fraud.

Additional information about your rights has been provided to you with this Background Check Authorization. Please review it BEFORE you sign.

Last Name _____ First _____ Middle _____

Maiden Name(s) _____ Years Used _____

Other Name(s) _____ Years Used _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ **STATE** _____

OTHER DRIVER'S LICENSES HELD IN PAST 5 YEARS (INCLUDE STATES)

For Identification Purposes Only: **DATE OF BIRTH** ___/___/___ (MONTH/DAY/YEAR)

Present Street Address _____

CITY/STATE/ZIP _____

RESIDENTIAL ADDRESSES WITHIN SEVEN YEARS (USE A SEPARATE SHEET AS NEEDED)

Prior Street Address _____

CITY/STATE/ZIP _____

FROM ___/___/___ (MONTH/DAY/YEAR) **TO** ___/___/___ (MONTH/DAY/YEAR)

Prior Street Address _____

CITY/STATE/ZIP _____

FROM ___/___/___ (MONTH/DAY/YEAR) **TO** ___/___/___ (MONTH/DAY/YEAR)

SIGNATURE _____ **DATE:** ___/___/___ (MONTH/DAY/YEAR)

Client Account Number: 721100 Olathe Medical Center- Medical Staff

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK. PLEASE PROCEED
TO THE NEXT DOCUMENT: THE STATE NOTICE ADDENDUM**

STATE NOTICE ADDENDUM

If you live or work for the Company in any of the states listed below, please note the following: If you live or work for the Company in California, Minnesota, or Oklahoma, check this box if you would like a free copy of your background report:

CALIFORNIA: You have a right to view the file that Private Eyes, Inc. has with your information, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You also may ask for a file-summary by telephone. Private Eyes, Inc. can answer questions about information in your file including any coded information. If you come to their offices in person, another person can join you, so long as that person can show proper identification. More specific information is set out below.

The consumer reporting agency, Private Eyes, Inc. will prepare the background report for the Company. Private Eyes, Inc. is located at 2700 Ygnacio Valley Road Suite #100, Walnut Creek, CA 94598, and can be reached toll free at 877-292-3331. The privacy policies for Private Eyes, Inc. may be found at its website at www.privateeyesinc.com.

MASSACHUSETTS: If you contact the Company, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask Private Eyes, Inc. for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to Private Eyes, Inc. for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. Private Eyes, Inc. must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to Private Eyes, Inc. for a copy of any investigative consumer report the Company ordered about you.

NEW YORK: If you contact the Company, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the address and telephone number for Private Eyes, Inc. You have the right to contact Private Eyes, Inc. to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided below.

WASHINGTON STATE: If you submit a written request to the Company, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within 5 days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act.

www.consumerfinance.gov/learnmorewww.consumerfinance.gov/learnmorewww.consumerfinance.gov/learnmorewww.consumerfinance.gov/learnmorewww.consumerfinance.gov/learnmorewww.consumerfinance.gov/learnmorewww.consumerfinance.gov/learnmore
Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

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 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 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 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.
- **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 1-888-5-OPTOUT (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.

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, N.W.

<p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314</p>
<p>3. Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St., N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

CALIFORNIA DISCLOSURE

Private Eyes, Inc. may order an investigative consumer report on you in connection with your employment application, and if you are hired, or if you already work for Private Eyes, Inc., may order additional such reports on you for employment purposes. Such reports may contain information about your character, general reputation, personal characteristics, and mode of living. Private Eyes, Inc. will prepare the background report for the Company. Private Eyes, Inc. is located at 2700 Ygnacio Valley Road Suite #100, Walnut Creek, CA 94598, and can be reached toll free at 877-292-3331. The privacy policies for Private Eyes, Inc. may be found at its website at www.privateeyesinc.com.

CIVIL CODE SECTION 1786.22

(a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

(1) In person, if he or she appears in person and furnishes proper identification. A copy of his or her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.

(2) By certified mail, if he or she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.

(3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself or herself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his or her identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him or her pursuant to Section 1786.10.

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

(f) The consumer shall be permitted to be accompanied by one other person of his or her choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

(NEW YORK APPLICANTS ONLY)
ARTICLE 23-A, NEW YORK STATE CORRECTION LAW

§ 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 individual's 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.

OFFICIAL NOTICE

San Francisco Fair Chance Ordinance

Starting August 13, 2014, the Fair Chance Ordinance (San Francisco Police Code, Article 49) requires employers to follow strict rules regarding job applicants' and employees' criminal history. The ordinance covers jobs in San Francisco, and applies to employers doing business in San Francisco 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.

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.