OKLAHOMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Extended Background Check (EBC) Authorization Form

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Date_____

_____ _____ _____
Last Name **First Name** **Middle Name**

_____
Maiden and /or Other Last Names Used

_____ _____
Address **Phone Number**

_____ _____ ____ _____ (1) _____ (2)_____
City * **State *** **Zip Code** **List last two Counties that you lived in***

_____ _____
Date of Birth **Social Security Number** **Circle one: Male Female**

This authorization and consent for release of personal information acknowledges that Oklahoma Board of Examiners for Speech-Language Pathology and Audiology (Hereafter referred to as "Company") and /or its agent, Trak-1 Technology, may now conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, financial statements; records of previous employment, including work history, records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an offer, workers compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Trak-1 Technology, the following information and /or copies of documents from my military services record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine eligibility under the Company's policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Company. In addition, I release and discharge the Company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether licensing was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **Trak-1 Technology / PO Box 130159 Houston, Texas 77219** at telephone number **1-800-600-8999**. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? Yes ☐ No ☐
If so, do you want a copy of any Consumer Report prepared concerning you? Yes ☐ No ☐

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

*** AS SHOWN ON THE ORIGINAL APPLICATION**

Full Disclosure

If you have legal (civil or criminal) issues from your past, they should be disclosed. DO NOT rely on your past legal issues being expunged, even if you were told that by the court, lawyers or other persons. It is our experience that records thought to have been expunged or undiscoverable will eventually show up. It is better for you to tell the Board about the infraction(s) than to have them discovered later and it "appear" as an intentional misrepresentation. The information received from this Extended Background Check will be compared to information supplied with your application for accuracy.
The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a

YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO
If YES, please provide an explanation below:

_____

_____

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? (Excluding minor traffic violations) YES NO
If YES, Please provide an explanation below:

_____

_____

_____

3. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
If YES, Please provide an explanation below:

_____

_____

_____

4. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
If YES, Please provide an explanation below:

_____

_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE OKLAHOMA BOARD OF MEDICAL LICENSURE.

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____

Applicant Signature _____

Fees:
Include a check payable to Trak-1 Technology for:
_____ **$22.49**
or

_____ **$31.49** (for all applicants residing (since age 18) in Colorado, Delaware, Louisiana, Massachusetts, South Dakota, Vermont, West Virginia or Wyoming – due to additional state specific fees)
Please list which state(s) listed above you have resided in:_____

Complete and sign this form and mail with the appropriate fee to:

Trak-1-Technology
Attn: Ji Kim
7131 S. Riverside Drive
Tulsa, OK 74136

For confirmation or review of completed background check contact a Trak-1 Representative at (800) 600-8999.