

# Scheduling fingerprinting requirement for clinical rotations at Kootenai Behavioral Health (Student Procedure)

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Kootenai Health’s Adult Behavioral Health, Youth Acute, Adult & Children’s Day Care, the Crisis Center and Chemical Dependency Departments are designated by the Idaho Department of Health and Welfare as daycare facilities. Idaho requires that people (including students) spending time in these facilities have an Idaho Department of Health and Welfare fingerprinting background check completed.

The steps below will help walk you through the process of registering to be fingerprinted and knowing what documents to give back to your collegiate program administrator.

## Things you will need to complete this process

- Your driver’s license
- A computer with an internet connection
- An ‘Employer Number’ – 7052
- Payment (See current cost on <https://chu.dhw.idaho.gov> site)

## To create an account

Go to: <https://chu.dhw.idaho.gov>

Choose: New Registration (on left hand menu)

Register as: Applicant

Complete User Information and Account Information sections

Complete Account Information

- User Name and Password are case sensitive
- Write them down. You will need them again.
- Click ‘Save’

The screenshot shows the 'Registration Details' page on the Idaho Criminal History Unit website. The page includes a navigation menu on the left with options like 'Home', 'Logon', 'New Registration', and 'Contact Us'. The main content area is titled 'Registration Details' and contains a 'Registration Information' section with a dropdown menu set to 'Applicant'. Below this are several input fields for personal information: First Name, Middle Initial, Last Name, Suffix, Email Address, and Confirm Email. There are also fields for Address, City, State (a dropdown menu), and Zip Code. A note indicates that email addresses are used for communications. At the bottom, there is an 'Account Information' section with fields for User Name, Password, Confirm Password, Security Question, and Security Answer. 'Save' and 'Cancel' buttons are located at the bottom right of the form.

## To log on and register for fingerprinting

Go to: <https://chu.dhw.idaho.gov>

Choose: Logon (on left hand menu)

Enter user name and password

Click ‘Logon’. (Do not log on as an employer)

Select ‘Complete Application’ (on left hand menu)

- Complete Personal Information
- Click ‘Next’ (**not** ‘Save and Close’)

## Employer Information Page

- Enter Employer Number in box 1
- Name of contact person will come up in box 2
- Click on: Add to List (box 3)
- Click on Next (**not** 'Save and Close')

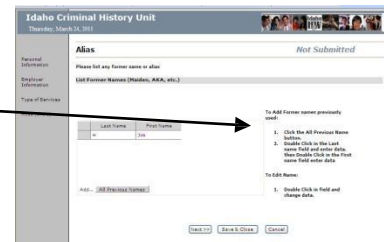


## Types of Services page

- Click the box for 'Children's Residential Care Facilities'
- Click 'Next'

## Alias page

- If you have any other names (like a maiden or AKA name) follow the directions at the right of the screen, then click 'Next'
- If you have no other names, then just click 'Next'



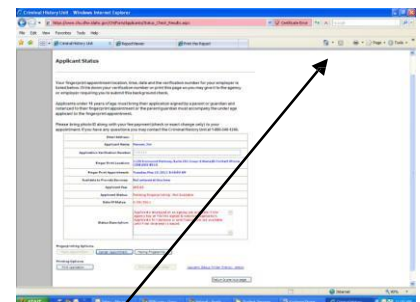
## Criminal Record, Outstanding Warrants, Child Protection Involvement, Adult Protection Involvement, Medicare/Medicaid Exclusion, Driver's License Information pages

- Answer all questions by clicking 'yes' or 'no'
- Click 'Submit'

## Schedule Finger Printing

Note: You have 30 days from the date you submitted your application, or your application will be inactivated

- Click on 'Schedule Finger Print Appointment'
- Select 'Coeur d'Alene' from the drop down menu (Step 1)
- Click on a convenient date in red for you to be in Coeur d'Alene (Step 2)
- Click: on a convenient time for you to be fingerprinted at the Coeur d'Alene office (Step 3)
- Note that your chosen date/time is highlighted in red at the bottom of the screen (Step 4)
- Click 'Save'



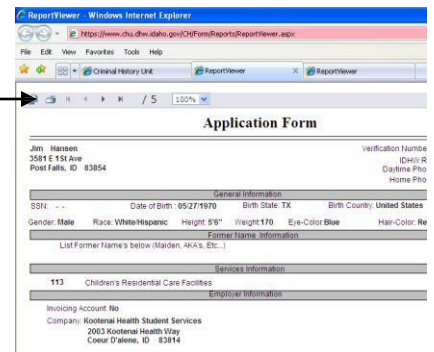
## Printing and notarizing your application

Print a personal copy of the scheduled appointment

- Click the browser print button. Keep this reminder of your appointment time and address of Health & Welfare

Print the full application for notarization and keeping at the school

- Click 'Print Application'
- **Do not click the browser print button.** Click the printer icon embedded in the screen
- Another page will come up. Select 'All' pages in the page range, and click 'OK'
- **Do not click the browser print button.** Click the printer icon embedded in the screen
- Click 'OK'. 5 pages should print



Notarizing the application

- Page 5 of the printed application has a section for you to sign in the presence of a Notary. **(KH is a designated Notary)**
- If completing notarization at KH please come to the Organizational Development Office during normal business hours.
  - Bring Printed Application
  - Valid ID
- Once the application is signed and notarized, return one copy to your program administrator, and the original to KH Organizational Development Office.
- Students must take a copy of notarized application to fingerprinting appointment.

Medicare / Medicaid Exclusion		
Question #	Question	Answer
1	What incident occurred that caused your exclusion from the Medicare / Medicaid provider list	
2	When did the incident occur	
3a	City	
3b	County	
3c	State	
5	For how long is the exclusion in effect	

I authorize the Department of Health and Welfare to obtain background and criminal history information from all sources deemed necessary and release it as ~~is necessary~~ without liability. I understand if I have ~~ever~~ been convicted of a crime, I may be contacted by the Department and asked to provide court documents or disposition records in order to complete the processing of ~~my~~ application. I understand the process for conducting criminal history checks and approving ~~my~~ existing application is detailed in the Rules Governing Mandatory Criminal History Check, IDAPA 16.05.06.

Affidavit

I, Jim Hansen, solemnly swear (or certify) that the answers to all questions in this application including any supplemental sheets are true, complete and correct, and that I have not been convicted of, or received a withheld judgment for any of the disqualifying offenses. I further understand that this Criminal History Background Check Application and Authorization Form will be filed with the State of Idaho, Department of Health and Welfare and failing to disclose information or falsification of this form may be punishable by prosecution for perjury pursuant to Section 18-5401, Idaho Code.

Applicant Signature (or parent/guardian if under 18) \_\_\_\_\_

State of Idaho )  
 ) SS  
 County of \_\_\_\_\_ )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

S  
E  
A  
L

Notary Public Signature \_\_\_\_\_  
 My Commission expires on \_\_\_\_\_

## Submitting Fingerprints by Mail

- When an individual elects to have fingerprints collected by a local law enforcement agency (out of state students) or by the applicant's employer, the Idaho Department's fingerprint card must be used.
- Please contact the Criminal History Unit at 1-800-340-1246 or e-mail at [crimhist@dhw.idaho.gov](mailto:crimhist@dhw.idaho.gov) to request your application package. The fingerprint card must be completed in accordance with the instructions provided in this packet, signed and mailed along with the completed, notarized application and applicable fee to the address indicated on the Department's Mail-in Instructions.
- This may add an additional week to completion and processing.

## Previous Fingerprint Clearance Transfer

- If an individual has previously completed a fingerprint and background check, within the last 3 years of the completion date, that information is transferable to other agencies, such as Kootenai Health. To transfer this information for Kootenai's records the individual must complete the following steps.
  - E-mail [crimhist@dhw.idaho.gov](mailto:crimhist@dhw.idaho.gov) with the following request and information.

*I, \_\_\_\_\_ (full name including middle initial) am requesting a transfer of my fingerprint based criminal history background check information to be accessible by Kootenai Health Student Services Department. (Employer ID # 7052). My date of birth is \_\_\_\_\_.*
  - To complete this transfer of information the student must also complete the Name Based Criminal Background Check Form.

To complete the form  
Go to: <https://chu.dhw.idaho.gov>  
Choose the: Idaho State Records Checks tab  
Complete: Idaho State Police-Criminal History Request Form  
Cost: \$20.00
  - Once you receive notification that your information has been transferred please notify Kootenai Student Services at: [studentservices@kh.org](mailto:studentservices@kh.org)

## General Information

- Idaho Criminal Background Checks and Fingerprinting are acceptable for 3 years.
- Begin this process four-five weeks prior to clinical rotation. Add an additional week if mailing in fingerprints.