

# Scheduling fingerprinting for doing clinical time at Kootenai Behavioral Health (Student procedure)

---

Kootenai Behavioral Health Youth Acute, Adult & Children's Day Care, and Chemical Dependency, is designated by the Idaho Department of Health and Welfare as a daycare facility. Idaho requires that people (including students) spending time in these types of facilities have an Idaho Department of Health and Welfare fingerprinting background check done.

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
- \$65.00

## 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 title is 'Idaho Criminal History Unit' with a sub-header 'Thursday, March 25, 2010'. The main heading is 'Registration Details'. Below this, there is a warning: 'WARNING: If you have already registered as an employer and have forgotten your Username or Password, please contact the Criminal History Unit. Do not create a new account as this will impact your ability to view your employer's records.' A red asterisk indicates a required field. The form is titled 'You are Registering as an' with a dropdown menu set to 'Applicant'. The 'User Information' section includes fields for First Name, Middle Initial, Last Name, City, State (dropdown), and Zip Code. There are also fields for Email Address and Cellphone Number. A note states: 'If you do not have an Email address, have a daily Email. Email addresses will be used for communications from the Criminal History Unit only.' The 'Account Information' section includes fields for User Name, Password, and Security Answer. At the bottom right, there are 'Save' and 'Cancel' buttons.

## 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

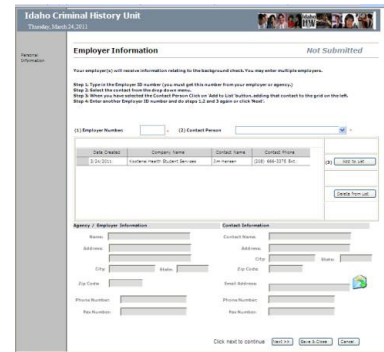
Click 'Logon'. (Do not log on as an employer)

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')

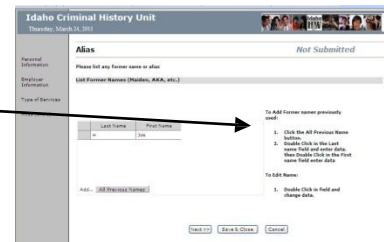


## Types of Services page

- 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'



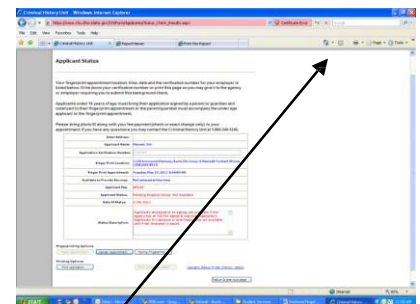
## Criminal Record, Outstanding Warrants, Child Protection Involvement, Adult Protection Involvement, Medicare/Medicaid Exclusion, Drivers License Information pages

- 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

The screenshot shows a web browser window titled 'ReportViewer - Windows Internet Explorer'. The address bar shows the URL 'http://www.chu.idaho.gov/CHForms/Reports/ReportViewer.aspx'. The browser has two tabs open, both titled 'ReportViewer'. The main content area displays an 'Application Form' for Jim Hansen. The form includes fields for personal information (Name, Address, Phone), general information (SSN, Date of Birth, Birth State, Birth Country, Gender, Race, Height, Weight, Eye Color, Hair Color), services information (113 Children's Residential Care Facilities), and employer information (Kootenai Health Student Services, 2003 Kootenai Health Way, Coeur D'Alene, ID 83814).

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.

The screenshot shows a 'Medicare / Medicaid Exclusion' form. It has a table with columns for 'Question #', 'Question', and 'Answer'. The table contains five rows of questions related to the exclusion. Below the table is an affidavit section. The affidavit text reads: 'I authorize the Department of Health and Welfare to obtain background and criminal history information from all sources deemed necessary and release it as appropriate 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 any pending applications is detailed in the Rules Governing Mandatory Criminal History Check, IDAPA 16.05.06.' Below this is the 'Affidavit' section, which includes the text: '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.' The signature area is circled in red and contains the text: 'Applicant Signature (or parent/guardian if under 18) \_\_\_\_\_', 'State of Idaho )', '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: [kmcstudentservices@kh.org](mailto:kmcstudentservices@kh.org)

## General Information

- Idaho Criminal Background Checks and Fingerprinting are acceptable for 3 years.
- Clearance usually takes about a week, after the Fingerprinting Appointment. Begin this process two-three weeks prior to clinical rotation. Add an additional week if mailing in fingerprints.