



Idaho State Police

Bureau of Criminal Identification



QUALIFIED ENTITY APPLICATION

Criminal History Records Checks under the National Child Protection Act (NCPA) of 1993, as amended

ENTITY NAME: _____

PHYSICAL OPERATING ADDRESS IN IDAHO: _____

_____ COUNTY: _____

MAIN CORPORATE/ORGANIZATION PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

ENTITY PHONE: () _____ FAX: () _____

NAME OF ENTITY HEAD: _____ TITLE: _____

CONTACT PERSON: _____ TITLE: _____

CONTACT PHONE: () _____ E-MAIL ADDRESS: _____

LEGAL TYPE OF ENTITY (Select one): Governmental (Public) Private – Non-Profit Private – Profit

Please check all appropriate areas below that apply to the service(s) provided by your entity to children, the elderly, and/or the disabled. NOTE: A "child" includes any unmarried person less than 18 years of age that has not been emancipated by order of a court. An "elderly person" means any person 60 years of age or older. A "disabled person" includes any person with a mental or physical impairment who requires assistance to perform one or more daily tasks.

Type of Person(s)	Care or Treatment	Education, Training Or Instruction	Supervision	Recreation	Care Placement
Child					
Elderly					
Disabled					

ENTITY MISSION STATEMENT/SUMMARY OF TYPE OF SERVICES YOUR ENTITY PROVIDES – Please describe the services your entity provides that would qualify your entity to receive state and national criminal history record checks under this program and the applicable laws:

Do you plan to request state & national criminal history checks through the Idaho State Police Records Check Program on YOUR current or prospective IDAHO employees, volunteers, contractors/vendors? YES _____ NO _____

(Contractors or vendors may be checked through the Idaho State Police Records Check Program, if they have or may have unsupervised access to the children, elderly, or disable persons for whom a qualified entity provides care.)

Number of Current Employees: Number of Current Volunteers:

Number of Expected New Employees During the next 12 months: Number of Expected New Volunteers during the next 12 months:

Approximately how many fingerprint cards do you anticipate submitting to ISP, BCI, through the Idaho criminal history check program, within the next twelve (12) months?

SIGNATURE OF ENTITY HEAD: _____ DATE: _____

FOR ISP USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED – Reason for Denial _____

Please mail your completed application to ISP at the address below. For further information, please contact us at the number below.

IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION
700 S. Stratford Dr. Ste. 120
MERIDIAN ID 83642
(208) 884-7159