



VECHS - QUALIFIED ENTITY APPLICATION

Entity Name: _____
 Ohio Operating Address: _____
 County: _____ Corporation Physical Address: _____
 Mailing Address: _____
 Name of Entity Head: _____ Title: _____
 Contact Person: _____ Title: _____
 Contact Phone: _____ E-Mail address: _____

Type of Entity: Governmental (Non-Statutory) _____ 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: For clarification or questions on the below areas, please refer to the NCPA/VCA

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

Please describe the services your entity provides that would qualify your entity to receive national criminal history records checks under this program and the applicable laws (attach a separate page if necessary):

Do you plan to request national criminal history checks through the Bureau of Criminal Investigation (BCI) on your current or prospective Ohio employees, volunteers, contractors/vendors? YES ___ NO ___

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: _____

Signature of Entity Head: _____ Date: _____

Please email your completed application to BCI at VECHS@OhioAGO.gov