



Arkansas Department of Health

5800 W. 10th St. Suite 800 • Little Rock, Arkansas 72204-1763 • (501) 661-2262
Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Interim Secretary of Health
Jennifer Dillaha, MD, Director

Release of State and/or Federal Background to Training Site Representatives

To obtain a copy of a student or licensed provider's (EMSP) criminal background check, the information below must be completed then mailed or faxed to the Section of Emergency Medical Services (the Section).

Name: _____

Current Address: _____

City, State, Zip Code: _____

Phone Number: _____ **Driver's License Number:** _____

Social Security Number: _____ **Date of Birth:** _____

I am requesting that my state criminal background check be released to the following person/institution. I also understand that my federal criminal background check must be picked up in person with a valid driver's license.

Institution Name: _____

Institution Address: _____

City, State, Zip Code: _____

I understand that if all the information listed above is not completed or the information you provided does not match our database records, the results will not be released.

Signature (if minor guardian signature required)

Date

Please mail or fax to:
Arkansas Department of Health
Section of EMS
5800 W. 10th St. Suite 800
Little Rock, AR 72204
(501)280-4901