



Identification Quality Assurance Office: 740-845-2605 VECHS@OhioAGO.gov

## **VECHS - QUALIFIED ENTITY APPLICATION**

Entity Name:		
Ohio Operating Address:		
County:	_ Corporation Physical Address:	
Mailing Address:		
Contact Person:		
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	Care or Treatment	Care Placement	Education,	Supervision	Volunteer
Person(s)			Training		
			or Instruction		
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	Number of Expected New Volunteers

 Number of Expected New Employees
 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

1560 State Route 56 SW | London, Ohio | 43140 www.OhioAttorneyGeneral.gov