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| --- | --- | --- | --- | --- |
| Provider Name: |       | Application Date: |       | Initial: [ ]  Renewal: [ ]  |
| Please include as many copies of Attachment B1 as necessary to cover all applicable staff members. Indicate page numbers: | Page # |       | of |       |

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|  | **Staff Information** | **Criminal Background Check**(ICHAT or equivalent) | **Sex Offender Registry Check** | **Central Registry Check**(If applicable) |
| Michigan Public Sex Offender Registry | National Sex Offender Registry |
| # | Last Name | First Name | Hire Date | Data Source(s) | Initial Check Date | Outcome | Last Check Date | Outcome | Date | Outcome | Date | Outcome | Date | Outcome |
| 1 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 17 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
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| 20 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 21 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 22 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
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| 24 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 25 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 26 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 27 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 28 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |