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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 |
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