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Date: _____

Please Print Name: _____

Check One Box Only

I Certify that:

I **have** been fingerprinted at another Nursing Home, Certified or Licensed HHCA, or Long Term Home Health Care provider after September 1, 2006.
If you **have** been fingerprinted, please write the name and address of the agency where you were fingerprinted:

I **have not** been fingerprinted at another Nursing Home, Certified or Licensed HHCA, or Long Term Home Health Care provider after September 1, 2006

Signature Date

Parent/Guardian Signature (if under 18 years) Date