



**AUTHORIZATION TO TRANSFER BACKGROUND CHECK RESULTS - EARLY CHILDHOOD**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CRIMINAL BACKGROUND CHECK UNIT  
 SFN 375 (5-2022)

**EMPLOYMENT IN EARLY CHILDHOOD SERVICES**

Pursuant 42 U.S. Code § 985f(d)(4,)(C), if an individual who has been fingerprinted for one early childhood services program moves to another early child services program, the original fingerprint results may be used if the individual has not been separated from childcare employment for more than 180 days.

**IDENTIFYING INFORMATION**

Full Legal Name (First Name, Middle Name, Last Name)		Date of Birth
Full Legal Name at Time of Most Recent Background Check	Email Address	

\_\_\_\_\_ (Initials) For the purposes of employment with the early childhood services program, I give the North Dakota Department of Human Services permission to share the results of my criminal background check from my previous employer to my current employer as indicated below.

\_\_\_\_\_ (Initials) I understand that if it is determined that it has been more than 180 days (6 months) since I have been employed with an early childhood services program, I must complete a new fingerprint-based criminal background check.

\_\_\_\_\_ (Initials) I understand that if at any time during the past 180 days I resided outside of North Dakota, I may be required to complete a new fingerprint-based background check.

\_\_\_\_\_ (Initials) I understand that if I have been convicted of any crime(s), or have been named as a subject of a Services Required child abuse/neglect decision, since my last background check was completed, I must disclose the criminal conviction(s) and/or Services Required to my current employer.

<b>When was the last time you were fingerprinted for child care employment purposes (month/year)?</b>	
<b>Who was your employer at that time?</b>	<b>Date of Separation (month/day/year)</b>

**ADDITIONAL EMPLOYER(S) - If you have changed employers since you completed your fingerprinting, you must enter each employer below. Please enter them in order.**

Name of Early Childhood Program	Date of Hire	Date of Separation
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Name of Early Childhood Program	Date of Hire	Date of Separation
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Name of Early Childhood Program	Date of Hire	Date of Separation
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Name of Early Childhood Program	Date of Hire	Date of Separation
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**NEW EMPLOYER**

Name of Early Childhood Program		Date of Hire	
Mailing Address	City	State	ZIP Code
Employer Email Address			

I certify that all information I have provided on this form is true and correct to the best of my knowledge. I further certify that if I am found guilty of a crime or named as a subject of a Services Required child abuse/neglect decision, I will immediately notify my employer or county social service agency.

Signature	Date
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Submit completed forms to: North Dakota Department of Human Services  
Criminal Background Check Unit  
600 East Boulevard Avenue, Dept. 325  
Bismarck, ND 58505-0250

**OR** Fax: 701-328-0358 or Email: [dhscfscbc@nd.gov](mailto:dhscfscbc@nd.gov)