



Office of Alcoholism and Substance Abuse Services

PAS-123 - OASAS Criminal Background Check Waiver Form

For OASAS Provider Use Only

INSTRUCTIONS

Complete this form to request a waiver of the OASAS fingerprint requirement. If a prospective employee/volunteer/contractor (applicant) was recently fingerprinted through the OASAS CBC process, the applicant may not need to be fingerprinted again. Please fill out the form in its entirety and return to the OASAS CBC Unit at cbc@oasas.ny.gov.

*Once you request a waiver, do not schedule a fingerprint appointment with MorphoTrust unless directed to do so by this office.

APPLICANT INFORMATION

Name of the applicant:

Date of birth:

Last 4 digits of applicant's Social Security No.:

Date of last fingerprint:

Who was the applicant fingerprinted for:

YOUR PROVIDER INFORMATION

Provider Name:

Provider No.:

Are you a dually NYS licensed provider: Yes No

Job title applicant is applying for:

ADDITIONAL INFORMATION (IF APPLICABLE)

PROVIDER CERTIFICATION

The undersigned hereby attests that to the best of his or her knowledge, the information set forth above is true and correct.

Name: _____

Title: _____

E-Mail Address: _____

Phone: _____

Signature: _____

Date: _____