Facts About The

WAIVER APPLICATION FOR HEALTH CARE WORKERS
Illinois Department of Public Health
Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761
Phone 217-785-5133  Fax 217-524-0137  E-mail DPH_HCWR@illinois.gov

You must complete a waiver application and have a fingerprint criminal history records check requested by the Department through a contracted livescan vendor. No other background check will be accepted. Please check our Web site at http://www.idph.state.il.us/nar for a full list of disqualifying offenses and a waiver application. After the Department receives your waiver application, you will be sent instructions for having your fingerprints collected.

The Health Care Worker Background Check Act, an Illinois state law, prevents many health care employers from hiring an individual who has certain criminal convictions as a direct care worker and, in long-term care facilities, from being hired as a worker who has or may have access to residents, their living quarters or their financial, medical or personal records (access worker).

A waiver does not change your criminal record but it does allow an employer to hire you as a direct care worker or an access worker in long-term care.

Many considerations are taken into account when reviewing a waiver application.

- Except in the instance of scheduled payments of court-imposed fines or restitutions, you must have met all obligations to the court and the terms of your parole (i.e. fines must be paid and parole, probation or mandatory supervised release successfully completed).
- You must have satisfactorily completed a drug and/or alcohol recovery program if you were ordered to as part of the judgment.
- Your age at the time of the offense, your work history, your criminal history in Illinois and other states, the amount of time since your last conviction, the severity of your conviction, and the circumstance surrounding your conviction, as well as other evidence that you provide are all considered in determining whether a waiver is granted.

- You are less likely to have a waiver granted if you have several convictions in recent years or if your offenses were violent crimes. There are three categories of disqualifying offenses: Offenses that are always disqualifying except through the appeal process; offenses that may be considered for a rehabilitation waiver without a waiver application being submitted; and offenses that may be considered for a waiver by submitting a waiver application and additional required information.

4. You may have been convicted and not sent to jail. An individual may be fined, given probation or conditional discharge and it still be considered a conviction. If you are unsure whether an arrest or charge became a conviction, contact the circuit clerk of the county in which you were arrested.

5. If granted a waiver it is in effect until you are convicted of another disqualifying offense, which causes the waiver to be automatically revoked. Health care employers must check the Health Care Worker Registry (http://www.idph.state.il.us/nar) to see if you have met any training requirements, have any administrative findings and to determine if you have disqualifying offenses or a waiver. No other source of information (i.e. a waiver letter, certificate of achievement, etc.) may be accepted. The information on the registry is the only means a health care employer may use to verify that the worker is eligible for employment.
Health Care Waivers

What is a Health Care Waiver?

A law in Illinois (the Healthcare Worker Background Check Act) says that individuals with certain convictions cannot work in a healthcare setting. Employers are prohibited from hiring individuals with these convictions. However, the Department of Public Health, Health Care Worker Registry can issue a waiver that removes the barrier and allows a person to be hired, despite the conviction.

Who Needs a Waiver?

Waivers are needed for unlicensed health care workers (such as Certified Nurses Assistants, home health care workers, personal care aids) or those in school to work in healthcare. Additionally, a waiver is needed for anyone that wants to work in a healthcare setting and has “access” to patients (such as janitorial, food service and transportation). Waivers are not needed for licensed healthcare workers (Registered Nurses, Licensed Practical Nurses, etc.).

When Can I Apply for a Waiver? **Time is counted from the date of conviction**

<table>
<thead>
<tr>
<th>Number of Disqualifying Offenses</th>
<th>Disqualifying Misdemeanor Convictions</th>
<th>Disqualifying Felony Convictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 year</td>
<td>3 years</td>
</tr>
<tr>
<td>2-3</td>
<td>3 years</td>
<td>5 years</td>
</tr>
<tr>
<td>More than 3</td>
<td>5 years</td>
<td>10 years</td>
</tr>
</tbody>
</table>

What Convictions are Disqualifying? **NO WAIVER NECESSARY IF NOT A DISQUALIFYING CONVICTION!!!**

<table>
<thead>
<tr>
<th>Misdemeanors</th>
<th>Felonies</th>
<th>Automatic Denial – Must Appeal</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Theft*</td>
<td>- Unlawful Restraint</td>
<td>- Murder (1st, 2nd degree)</td>
</tr>
<tr>
<td>- Retail Theft*</td>
<td>- Forcible Detention</td>
<td>- Solicitation of Murder</td>
</tr>
<tr>
<td>- Criminal Trespass to Residence*</td>
<td>- Child Abduction</td>
<td>- Involuntary Manslaughter</td>
</tr>
<tr>
<td>- Practice Nursing without license*</td>
<td>- Tampering w/ food/drug/ cosmetic</td>
<td>- Kidnapping</td>
</tr>
<tr>
<td>- Assault</td>
<td>- Aggravated Stalking</td>
<td>- Indecent solicitation of child</td>
</tr>
<tr>
<td>- Battery</td>
<td>- Home Invasion</td>
<td>- Sexual misconduct with disabled</td>
</tr>
<tr>
<td>- Domestic Battery</td>
<td>- Theft (includes retail and identity)</td>
<td>- Exploitation of child</td>
</tr>
<tr>
<td>- Endanger Life/Health of Child*</td>
<td>- Forgery</td>
<td>- Child Pornography</td>
</tr>
<tr>
<td>- Criminal Trespass to Residence*</td>
<td>- Robbery</td>
<td>- Aggravated Domestic Battery</td>
</tr>
<tr>
<td>- Unlawful Use of Weapon (UWW)*</td>
<td>- Vehicular Hijacking</td>
<td>- Aggravated battery</td>
</tr>
<tr>
<td>* Sealable Offenses- 4 years after completion of last conviction.</td>
<td>- Burglary and residential burglary</td>
<td>- Heinous Battery</td>
</tr>
<tr>
<td></td>
<td>- Arson</td>
<td>- Criminal Sexual Assault</td>
</tr>
<tr>
<td></td>
<td>- Reckless Discharge of Firearm</td>
<td>- Criminal Sexual Abuse</td>
</tr>
<tr>
<td></td>
<td>- Armed Violence</td>
<td>- Abuse/Neglect- LTC resident</td>
</tr>
<tr>
<td></td>
<td>- Practice Nursing w/o a license</td>
<td>- Criminal Abuse elderly/disabled</td>
</tr>
<tr>
<td></td>
<td>- Cruelty to children</td>
<td>- Armed Robbery</td>
</tr>
<tr>
<td></td>
<td>- Receive/Sell/ Use stolen Credit card</td>
<td>- Aggravated Vehicular Hijacking</td>
</tr>
<tr>
<td></td>
<td>- Criminal Drug Conspiracy</td>
<td>- Aggravated Robbery</td>
</tr>
<tr>
<td></td>
<td>- Methamphetamine Violations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Manufacture, Delivery, or Possession w/ intent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cannabis/Controlled Substance</td>
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</tr>
</tbody>
</table>

**This is not a complete list. See [http://www.idph.state.il.us/narr/disconvictions.htm](http://www.idph.state.il.us/narr/disconvictions.htm) for a complete list of disqualifying convictions**
Notes for Supporting Information

You should always include more information than the application seems to suggest. This includes:

1. Information on the disqualifying conviction;
2. Information about your life outside the record;
3. Why you want to work in health care; and
4. Supporting documentation to support the waiver application.

Below are suggestions for things to write about and documents to gather. This should be typed to include with the application.

1. **Description of Conviction** (You only need to describe the disqualifying conviction)

   This should be an account of the disqualifying offense, in your own words, describing the facts and circumstances. These can include where you were when you were arrested, who you were with, why the offense happened/motivating factors (i.e. drug addiction, bad environment) and lessons learned. When possible, accept responsibility for the conviction and explain why it would not happen again. If any violations of the sentence occurred, explain why.

2. **Other Notes on Life, Reasons for Waiver & Suggested Documents to Gather**

   - You need to prove why you should be granted a waiver and how your past record will not be an issue with further employment.
     - You should detail other evidence demonstrating your ability to perform the employment responsibilities competently and evidence that you do not pose as a threat to the health or safety of residents, patients or clients.
   - You should obtain letters of recommendation from family, friends, pastors, anyone who can attest to your character (see page 3 for Guidelines on the letters).
   - You should also include (if applicable) a current or recent employment reference.

**See attached Health Care Worker Waiver Application**

This form can be found at [http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf](http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf)
Guidelines for Letters of Support

It is very beneficial for people to include letters of support with their requests for relief through the court or administrative agencies. The letter should be written in paragraph form and have three basic parts:

Section 1:

Introduce yourself – who you are, what you do for a living, etc.

Section 2:

How do you know this person? Are you a family member, friend, co-worker, church member? How long have you known this person? How often do you interact with him/her? In what types of activities do you participate together?

If you have known this person for a long time, how have you seen him/her grow and change?

Section 3:

How has this person made a positive impact on your life and the lives of others? Be specific! Don’t just say he or she is a good person; give examples of how he or she is a good person. What can you say about his or her character? Give specific examples of how they have exhibited these traits. Include any relevant information of which you have first-hand knowledge about his or her strengths as a parent, other family member, friend, co-worker, or community member.

Examples:

- “Mr. Smith has been a dedicated coach of his son’s park district basketball team for the last five years.”
- “Ms. Johnson and I teach Sunday School together at our church, St. John’s.”
- “Ms. Grant has been a loyal friend to me for the past ten years, always offering to babysit my children when necessary and opening up her home to welcome me and my family.”
- “Ms. Richards suffered for many years from addiction and wasn’t part of our lives, but she is now.”

**Always sign the letter & include a phone number or e-mail address.**

**Please type the letter if possible. If you work at a particular organization or church that has letterhead, it is helpful to print the letter on that letterhead.**
To File the Health Care Waiver

1. Put together the supporting documentation needed to accompany the 2 page application (the application should be signed). You should type this information to provide with the Waiver Application.

2. Obtain a court disposition for the disqualifying offense. This is required to show the Registry when you completed your sentence and whether it was satisfactory. Dispositions for Cook County can be obtained at: 50 W. Washington (Daley Center), Room 1006 for a cost of $9 per disposition.

3. Attach other supporting documentation, such as certificates, letters of support, resume, diplomas or other proof of rehabilitation.

4. Mail the packet to the following:

   Illinois Department of Public Health
   Health Care Worker Registry
   525 W. Jefferson Street – Fourth Floor
   Springfield, Illinois 62761

5. Approximately 3-4 weeks after the Registry receives the application, you have a request for Livescan fingerprints mailed to you at your home address listed on the application. You must have your fingerprints taken at one of the agencies listed and the results will be forwarded directly to the registry.

6. At that point, the Registry will reflect the Waiver application is “Pending.” See http://www.idph.state.il.us/nar/home.htm.

7. Approximately 3-6 weeks after receipt of the fingerprint results, you will receive a decision by the Department of Public Health. It will be mailed to you at your home address and be reflected on the website above.
# HEALTH CARE WORKER WAIVER APPLICATION

**Illinois Department of Public Health**

Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761  
Phone 217-785-5133  Fax 217-524-0137  E-mail DPH.HCWR@illinois.gov  

All information requested on this application must be provided before you will be considered for a waiver. Type or print clearly in ink. All Fields must be completed or application will not be processed.  

Today's Date ____________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________</th>
<th>(First, Full Middle and Last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>____________________________</td>
<td>(Street, Apartment #, P. O. Box)</td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td>(City, State, ZIP Code)</td>
</tr>
<tr>
<td>Maiden Name (or other name(s) used)</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>____________________________</td>
<td>Social Security Number (required)</td>
</tr>
</tbody>
</table>

I hereby authorize the Illinois Department of Public Health, the Department's designee that trains or tests health care workers, a staffing agency, or the health care employer to request a fingerprint-based criminal history records check submitted as a fee applicant inquiry requested by the Department. I further authorize the Illinois State Police (ISP) to release information and photographs relative to the existence or nonexistence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency that maintains records and photographs relating to me, including but not limited to the Federal Bureau of Investigation or a local unit of government, to provide same on request to the ISP or the Department. I certify that the ISP and any agency, including the Department, their employees or officers who furnish this information and photographs shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 66/25).

I understand that the information requested below regarding sex, race, height, weight, eye color, and date of birth is for the sole purpose of identification, the gathering of the above mentioned information and the processing of this waiver application. This information will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

- [ ] Male  
- [ ] Female  

<table>
<thead>
<tr>
<th>Race</th>
<th>____________________________</th>
<th>Height</th>
<th>____________________________</th>
<th>Weight</th>
<th>____________________________</th>
<th>Date of Birth</th>
<th>____________________________</th>
<th>Place of Birth</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander</td>
<td></td>
<td>Hair Color</td>
<td>____________________________</td>
<td>Eye Color</td>
<td>____________________________</td>
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<tr>
<td>B</td>
<td>Black or African American (Not Hispanic or Latino)</td>
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<tr>
<td>H</td>
<td>Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)</td>
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<tr>
<td>I</td>
<td>American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.</td>
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<tr>
<td>U</td>
<td>Of undetermined race or of untold mixture</td>
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<tr>
<td>W</td>
<td>Caucasian (not Hispanic or Latino)</td>
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</tr>
</tbody>
</table>

**Work History** — If you have previously been employed, you must provide an entire work history or attach a complete resume. Start with your current employer. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Employer</th>
<th>____________________________</th>
<th>Date Started</th>
<th>____________________________</th>
<th>Separation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer's Address, City, State, ZIP Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer | ____________________________ | Date Started | ____________________________ | Separation Date |
|----------|-----------------------------|-------------|-----------------------------|----------------|

Employer's Address, City, State, ZIP Code | | | |

Other states where you have lived or worked | | | |
If the use of alcohol or other drugs was involved in the offense, were you ordered to participate in a rehabilitation program as part of the judgment?  

☐ Yes  ☐ No  
If yes, you must provide proof of successful completion of the rehabilitation program.

Were you required to pay a fine in connection to a disqualifying offense?  

☐ Yes  ☐ No  
If yes, you must provide proof of having paid all fines unless you are on a payment schedule. If on a payment schedule, you must provide proof that you are up-to-date on the schedule.

If you were released on probation (or mandatory supervised release) or parole, you must provide proof of having successfully completed it.

Have you been certified as a nurse aide/assistant in another state?  

☐ Yes  ☐ No  
If yes, you must attach a copy of your certification or verification information (such as your certification number).

Name used when certified: ________________________________. If your current name is different, please attach a copy of the legal document(s) used to change your name (i.e., marriage certificate, divorce decree, etc.) and a copy of your driver’s license or other picture identification.

Have you ever had an administrative finding of abuse, neglect or theft?  

☐ Yes  ☐ No

If “yes,” indicate in what state this finding was issued: ______________________________________

Have you ever been convicted of a criminal offense, other than a minor traffic violation?  

☐ Yes  ☐ No

If “yes,” provide the circumstance surrounding each offense (what happened, how many years have passed since the offense, the individuals involved, your age at the time of the offense, and any other circumstances surrounding the offense) as well as the state in which you were convicted. If you have been convicted in another state, you must provide information concerning those convictions or attach the complete results of a criminal history records check from that state. If you have a federal conviction, you must provide information concerning that conviction or attach the complete results of a criminal history records check from the Federal Bureau of Investigation. If more space is needed, please attach additional pages. Do not include convictions that have been expunged, sealed or were a juvenile adjudication.

A copy of the following items may be submitted with this application but are not required. (This material will not be returned to you)

1. A current or recent employment reference.
3. Other evidence demonstrating the ability of the applicant to perform the employment responsibilities competently and evidence that the applicant does not pose as a threat to the health or safety of residents, patients or clients.

I certify that the above is true and correct and give my consent for my name to appear on the Department’s Health Care Worker Registry with the results of my criminal history records check.

_________________________________________  ________________________
Signature Date

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

_________________________________________  ________________________
Signature Date

Mail this completed form to Illinois Department of Public Health, Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761. The Department will send you a Livescan Request Form by return mail. You will use the Livescan Request Form to have your fingerprints collected from one of the contracted livescan vendors.