



# CRIMINAL HISTORY SELF-DISCLOSURE

\_\_\_\_\_  
LEGAL NAME (FIRST) (MIDDLE) (LAST)

\_\_\_\_\_  
DEPARTMENT POSITION (Specify 'AFFILIATE ONLY' for non-employed relationship)

**INSTRUCTIONS: This form supplements the Acknowledgement and Authorization Regarding Background Investigation Form.**

## SELF-DISCLOSURE

- 1. Have you ever been convicted of an offense against the law?** YES NO
- i. It is important to disclose all convictions that have not been completely expunged.
    - a. This includes any instances where a plea of Nolo Contendere, (No Contest) or Prayer for Judgement was entered.
  - ii. Answer YES even if the conviction(s) were related to a minor traffic violation.
  - iii. Formally expunged convictions should be excluded from this self-disclosure.
  - iv. Failure to report a conviction will result in an adverse decision on employment or affiliate status if it is determined that the self-disclosure was not accurate and true.
- 2. Have you ever been convicted of a health care crime?** YES NO
- i. Federal regulations may prevent MAHEC from employing or affiliating with an individual who 1) has been convicted of a criminal offense related to health care, 2) who is debarred by the General Services Administration, or 3) is excluded or otherwise ineligible for participation in Federal Health Care Programs.
  - ii. All individuals offered employment or affiliate status may be pre-screened and continually monitored throughout the duration of employment or affiliate relationship for health care crimes utilizing 1) Office of inspector General List of Excluded Individuals and Entities, 2) the General Services Administration "Debarment List," and, 3) any other background checks performed in accordance with MAHEC procedures and applicable law.
- 3. If 'YES' to either of the above, explain the nature of the conviction(s) and include date(s). Specify if the conviction(s) were a felony or a misdemeanor. Attach additional sheets if necessary.**

## SELF-DISCLOSURE AFFIRMATION

- I certify that answers given herein are true and complete to the best of my knowledge.
- I understand that investigations of all statements contained in this self-disclosure may be necessary as part of my employment or affiliate status with MAHEC.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, this relationship with MAHEC is "at will."
- I understand that this self-disclosure will become a part of my personnel record, and that false or misleading information provided on this self-disclosure may result in discharge or an adverse decision pertaining to my employment or affiliate status.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE