



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

Release of State and/or Federal Background to Training Site Representatives

To obtain a copy of a student or licensed providers (EMSP) criminal background check, the information below must be completed then mailed or faxed to the Section of Emergency Medical Services (the Section).

Fax number is 501-280-4901, Address: 5800 W. 10th Street Suite 800, Little Rock, AR 72204

Name: _____

Current Address: _____

City, State, Zip Code: _____

Phone Number: _____

PREVIOUS ADDRESS REQUIRED IF CURRENT ADDRESS IS LESS THAN 5 (FIVE) YEARS OLD.

Name: _____

Previous Address: _____

City, State, Zip Code: _____

Phone Number: _____ Driver's License Number: _____

Social Security Number: _____ Date of Birth: _____

I am requesting that my State Criminal Background check be released to the following person/institution. I also understand that my Federal Criminal Background check has to be picked up in person (myself).

(Print name and address of the person and/or Educational Institution)

I understand if all the information listed above is not completed or the information you provided does not match our database records. Background information WILL NOT be released, requiring you to come to the Section to obtain copies of your background information.

Signature (if minor guardian signature required)

Date