

FORM E
Pharmacy Services DSHS Open Enrollment No. HHS0014137
Notice of Criminal Offense Self-Reporting

This form must be completed by Medical Staffing, as part of the Open Enrollment Application.

I understand that I must self-report to The Department of State Health Services (DSHS), for which I am providing Medical Staffing services:

- arrests;
- indictments;
- adjudications of guilt;
- pleas of guilty or nolo contendere;
- assessments of probation, pretrial diversion or community supervision/deferred adjudications for any criminal offenses; or
- dismissals, acquittals, or similar final outcomes that do not involve pleas of guilty or nolo contendere.

I understand that the agency may conduct criminal background checks at anytime during my employment. I understand that if a check reveals my failure to abide by this self-reporting requirement, it may result in disciplinary action, up to and including dismissal from employment.

Provider Printed Name	<i>(DSHS Use Only)</i> Contract No.	Date
Provider Signature		