

T TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

PHYSICAL ADDRESS: 333 GUADALUPE, TOWER II, SUITE 320, AUSTIN, TEXAS 78701
MAILING ADDRESS: P.O. BOX 12216, AUSTIN, TEXAS 78711
NATIONAL TOLL FREE COMPLAINT HOTLINE: 1-800-821-3205
VOICE: 512-305-7000 FAX: 512-305-7003



"Over 79 Years of Ensuring Quality Podiatric Medicine For The Citizens Of Texas"

HEMANT MAKAN
EXECUTIVE DIRECTOR / INVESTIGATOR

Wednesday, May 24, 2006

Shane Linkous, Asst. Attny. General
Office of the Attorney General
C/O General Counsel Division
P.O. Box 12548
Austin, TX 78711-2548

RE: Criminal History Record Information Policy

Dear Mr. Linkous,

Enclosed you will find an executed copy of the Board's criminal record information policy as approved by the Office of the Attorney General. On behalf of the Board, thank you for your attention to this matter.

Please contact me directly at 512-475-3301 if you desire additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Hemant Makan", written over a horizontal line.

Hemant Makan
Executive Director
Investigator
(512)-475-3301

Hemant.Makan@foot.state.tx.us



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT

RECEIVED

MAY 24 2006

TEXAS PODIATRIC
MEDICAL EXAMINERS

May 22, 2006

Mr. Hemant Makan
Executive Director
Texas State Board of Podiatric Medical Examiners
P.O. Box 12216
Austin, TX 78711

Dear Mr. Makan:

Enclosed is criminal history record information policy adopted by your agency pursuant to Texas Government Code section 411.1405. I have noted our office's review and approval by signing the final page. Once you have signed your copy, please do me the favor of returning a copy to me for my records.

We appreciate the opportunity to be of assistance to you. Please let us know if you require anything further.

Sincerely,

Shane Linkous
Assistant Attorney General
General Counsel Division

Enclosure

cc: Melissa Juarez, OAG

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EXECUTIVE DIRECTOR / INVESTIGATOR

May 22, 2006

POLICIES AND PROCEDURES FOR OBTAINING CRIMINAL HISTORY RECORD INFORMATION RELATED TO PERSONS WITH ACCESS TO INFORMATION RESOURCES OR INFORMATION RESOURCES TECHNOLOGIES

In accordance with Texas Government Code section 411.1405(e) the Texas State Board of Podiatric Medical Examiners (the Board) adopts the policies and procedures contained herein.

General Statement

Upon the effective date of these policies and procedures, the Board may obtain from the Department of Public Safety (DPS) the criminal history record information maintained by DPS that relates to a person who:

- (1) is an employee, applicant for employment, contractor, subcontractor, or intern or other volunteer with the Board or with a contractor or subcontractor for the Board; and
- (2) has access to information resources or information resources technologies, other than a desktop computer or telephone station assigned to that person.

Evidence of a criminal conviction or other relevant information obtained from the criminal history record information shall not automatically disqualify an individual from employment with the

Board. Consideration of such information shall be in conformity with applicable federal and state statutes.

The hiring official of the Board will determine, on a case-by-case basis, whether an individual about whom such information has been obtained is qualified for employment based on factors that include, but are not limited to:

- (1) the specific duties of the position;
- (2) the number of offenses committed by the individual;
- (3) the nature and seriousness of each offense;
- (4) the length of time between the offense(s) and the employment decision;
- (5) the efforts by the individual at rehabilitation;
- (6) the accuracy of the information on the individual's employment application;
- (7) whether the individual reported any subsequent criminal convictions after employment; and
- (8) the relationship of the crime or crimes to the employment;

As part of its procurement process, the Texas State Board of Podiatric Medical Examiners may require contractors and/or subcontractors to submit the names and other relevant information about the contractors' or subcontractors' employees, contract staff, volunteers and interns who have or will have access to information technology or information technology resources, so that the Board may obtain information in accordance with these policies and procedures. The Board may also obtain criminal history record information on any individual identified under Texas Government Code section 411.1405(b) at any time and as may be necessary to ensure the security of the Board's information technology.

If the Texas State Board of Podiatric Medical Examiners uses the criminal history record information in order to make an employment decision or take a personnel action, the Board shall give the affected applicant, employee, volunteer, intern, contractor or subcontractor or other individual notice of the use of the information and an opportunity to correct any inaccuracies in the information. The Board, in its discretion, shall specify the time period for correction when it notifies the affected individual of the utilization of such information. Such notice and period for correction is a personnel policy and does not alter the at-will status of the Board's employees.

If the Texas State Board of Podiatric Medical Examiners is authorized to submit fingerprints and receive FBI identification records under 28 C.F.R. § 50.12, the Board shall notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The hiring official shall provide the individuals the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The hiring official also must advise the individuals that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

If the Board receives the criminal history record information during the pendency of any

proceeding in which a conviction is not final, the Board reserves the right to make an employment decision or take a personnel action before the conviction is final, if failure to do so would be impracticable or detrimental to the Board. In determining whether a conviction is final for the purposes of these policies and procedures, the Board shall exercise its discretion in accordance with all relevant federal and state statutes.

Definitions

“Information resources” and “information resources technologies” have the meanings given to those terms by Government Code section 2054.003 upon the effective date of these policies and procedures, and as that section may later be amended.

Disclosure

In accordance with Texas Government Code §411.1405 (Vernon 2005), any information obtained pursuant to these policies and procedures and any documents or other records derived from that information shall not be released or disclosed except:

- (1) by court order;
- (2) with the consent of the person who is the subject of the information; or
- (3) to the affected contractor or subcontractor. If DPS obtained the information from the Federal Bureau of Investigations, the information may not be disclosed to an affected contractor or subcontractor.

Destruction of Information

In accordance with Texas Government Code §411.1405 (Vernon 2005) and notwithstanding current records retention requirements, the Texas State Board of Podiatric Medical Examiners and an affected contractor or subcontractor shall destroy information obtained pursuant to these policies and procedures after the information is used to make an employment decision or to take a personnel action relating to the person who is the subject of the information.

Self-reporting

The Texas State Board of Podiatric Medical Examiners shall make a form for reporting subsequent convictions available to all persons about whom criminal history record information could be obtained pursuant to these policies and procedures.

Distribution

These policies and procedures shall be available from the Board’s Human Resources department/designee and on the Board’s website. The Texas State Board of Podiatric Medical Examiners shall make these policies and procedures available to contractors and subcontractors

during the procurement process and thereafter on the agency website.

These policies and procedures are hereby adopted, to be effective upon the date of approval by the Office of the Attorney General.



Hemant Makan, Executive Director, TSBPME

05/24/06

Date

This policy has been reviewed by the Office of the Attorney General and has been found to be consistent with applicable legal requirements.



**OAG Representative
Shane Linkous, Assistant Attorney General
General Counsel Division**

5/22/06

Date



**TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS
GENERAL USE
CRIMINAL HISTORY QUERY & REPORT FORM**

Under applicable authority pursuant to the Board’s Laws (to include the Texas Occupations Code and Texas Government Code), Rules & Policies, the information requested is being collected for the purpose of querying & reporting Criminal Histories to the Board to ensure the security of the TSBPME’s information technology, confidential agency files, agency integrity and/or public safety. Evidence of a criminal history, conviction or other relevant information shall not automatically disqualify an individual from employment or licensure with the Board. Each criminal history match report will be reviewed on an individual case basis for consideration of an application for employment, licensure or other services/purposes to/for the Board.

Criminal history matches may subject staff, contractors, applicants for employment/licensure and/or licensees to further investigation/background review. **DUE PROCESS:** All persons have a right to obtain a copy of their own criminal history report and to challenge its accuracy, completeness and to request corrections. If an individual believes criminal history record information maintained by the Texas Department of Public Safety (DPS) relating to the person is incorrect or incomplete, the person may contact the Error Resolution Unit at P.O. Box 4143, Austin, Texas 78765-4143 or ErrorResolution@txdps.state.tx.us. A person with criminal history record information on file with the Federal Bureau of Investigation (FBI) must contact the Special Correspondence Bureau of the FBI at 304-625-3878 to review or correct those records. [DPS Rule; Texas Administrative Code Title 37, Part 1, §27.1 “Right to Review.”]

All grievances/contests of matters related to Criminal Histories may be addressed to the Board’s Executive Director & Board President in accordance with applicable TSBPME Laws (to include the Texas Occupations Code and Texas Government Code), Rules & Policies.

For Internal Agency Use:
Purpose: _____
CCH Type: FBI Fingerprint; DPS Fingerprint; DPS Name: Secured Database / Public Database; Third Party Vendor (specify) _____; Other (specify) _____

Full Name (List Maiden / Alias also) (Last, First, Middle)	Date of Birth (Day/Month/Year)	Social Security Number (NNN-NN-NNNN)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address (No P.O.B.)	City	State	Zip Code
		Phone (Home; Cellular) (Work)	

Have you ever been arrested, convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any city, state, the United States, or a foreign country (except violations of traffic laws resulting in fines of \$500.00 or less)?

YES **NO** If “Yes,” give details below or attach a separate sheet of paper if necessary (you may include supporting documentation; e.g. arrest/police reports; court adjudication documents; attorney responses; etc.)

VIOLATION AND LOCATION	DATE	PENALTY OR DISPOSITION
1.		
2.		
3.		
4.		
5.		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination; for licensees or applicants for a license, grounds for denial, suspension, cancellation or revocation of license or other penalties. Upon submission of misstatements, false statements or omitted/incomplete information, I hereby authorize and grant the Texas State Board of Podiatric Medical Examiners the withdrawal of all rights and privileges accrued to me thereunder.
2. I understand that the Texas State Board of Podiatric Medical Examiners will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes. I further request that the Texas State Board of Podiatric Medical Examiners initiate a review of the records to determine my eligibility for the purpose(s) stated within this form.
3. I understand I may be required to submit payment for necessary fees to billed upon invoice.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).
6. I am the person named in this form.

THIS FORM MUST BE SIGNED AND DATED:

SIGN HERE: _____ **DATE:** _____



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS SERVICE
Access & Dissemination Bureau



PROCEDURE FOR REVIEW OF PERSONAL CRIMINAL HISTORY RECORD INFORMATION

It is the policy of the Texas Department of Public Safety (DPS) that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). This policy is in compliance with the Texas Government Code, Section 552.023.

FINGERPRINTS SUBMITTED ELECTRONICALLY BY L-1 TO DPS: The DPS has entered into an exclusive contract with L-1 Enrollment Services to provide statewide electronic fingerprinting. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at www.L1enrollment.com or by calling 1-888-467-2080. L-1 Enrollment Services is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$9.95 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

FINGERPRINTS SUBMITTED BY MAIL TO L-1: The individual or their authorized representative must submit a completed hard card FAST pass form with the individual's signature and fingerprint card to L-1 Enrollment Services. The card will be scanned and submitted to DPS electronically for processing. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-2079.

1. COMPLETED FAST PASS FORM:

- All the information requested on the form is required. Please print legibly. **Individual's signature must be on the FAST Pass form.**

2. COMPLETED FINGERPRINT CARD:

- Following information regarding person whose record is to be searched, must be completed on the fingerprint card:
 - a) Printed last name, first name, middle name of individual, including all alias names.
 - b) Sex, race, date of birth, Social Security Number.
 - c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit www.L1enrollment.com or call 1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

3. PAYMENT:

- Enclose a \$24.95 check or U.S. money order made out to L-1 Enrollment Services for each individual and mail the FAST Pass form, fingerprint card and payment to:

L-1 Enrollment Services
1650 Wabash Avenue, Suite D
Springfield, IL 62704

Fingerprint Card Scan Authorization Form

Please print legibly and complete all fields in Section 2 (Applicant Information). ALL INFORMATION IS REQUIRED. Your fingerprint cards must include the following personal data: Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, and Home Address. Requested data is required by the Texas Department of Public Safety to process your background check.

Mail this form, along with your completed fingerprint card and a check or money order payable to L-1 Enrollment Services for \$24.95 to:

L-1 Enrollment Services
1650 Wabash Avenue, Suite D
Springfield, IL 62704

Section One: Qualified Entity Information

ORI#: TXIREVIEW Original TCN: _____
(If resubmission for rejected fingerprints)

Designated Recipient's Name: _____

Designated Recipient's Address: _____

(City) (State) (Zip code)

Section Two: Applicant Information (To be completed by Applicant) – Please Print Legibly

Applicant Last Name _____ First Name _____ Middle Name _____
(please print)

Sex Male Female Race _____ Ethnicity _____ Skin Tone _____
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(feet and inches)

Place of Birth _____
(state or country)

Home Address _____
Street Address City State Zip

Section Three: Waiver Information (To be signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature _____ Date _____