



**Tennessee Department of Human Services
Criminal Background Check Transfer**

Child and Adult Care Agencies: A criminal background check may be transferred if:
The employee has been fingerprinted within the last five years **and** the employee has worked for a Tennessee licensed child care agency without a break in employment of more than one hundred and eighty (180) days.
If both these conditions apply, please complete this form to transfer their background check clearance to your agency.

Applicants: Please print/type and complete all sections below.

Please return this completed form to the Tennessee Department of Human Services. For additional information, you may also contact us by phone at: 615-313-5147.	
Please complete entire form	Email: CC-Criminal-Background-Inquiries.DHS@tn.gov

Applicant Information				
Current Legal Name (Last Name, First Name, Middle Initial):			Date of Birth:	
SSN:	Telephone #:	County of Residence:		
Current Home Mailing Address:		City:	State: TN	Zip Code:
If you lived, worked, or attended school outside of TN in the last 5 years, please list which state(s):				
Yes, I will be a driver for this agency. Please provide the following:	Driver's License #:	DL Expiration:	State of issuing DL:	DL Endorsement(s):

Current Agency Information (Childcare agency where you worked in the last 180 days)				
Name of Current Agency:				
Address of Current Agency:		City:	State: TN	Zip Code:
Provider ID and Suffix:	Start Date:	If you no longer work at this agency, what was your termination date?		

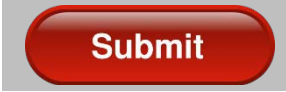
New Agency Information (where you are transferring to)				
Name of New Agency:				
Address of New Agency:		City:	State: TN	Zip Code:
Provider ID and Suffix:	Start Date:	Yes, I will be working for both of the above agencies.		

By signing below, I attest that I have been fingerprinted within the last five (5) years and have been employed by a Tennessee licensed child care agency without a break in employment for more than one hundred and eighty (180) days.

Applicant Signature **Date**

By signing below, I attest that I have verified this individual has previously been employed by a Tennessee licensed child care agency without a break in employment for more than one hundred and eighty (180) days.

New Agency Owner/Director Signature **Date**



Click Submit button to send automatically, or email to CC-Criminal-Background-Inquiries.DHS@tn.gov