West Virginia State Police

NCPA/VCA QUALIFIED ENTITY APPLICATION

ENTITY NAME: ________________________________

PHYSICAL OPERATING ADDRESS IN WEST VIRGINIA: __________________________________________

COUNTY: ________________________________

MAIN CORPORATION/ORGANIZATION PHYSICAL ADDRESS: ______________________________________

MAILING ADDRESS: ________________________________

ENTITY PHONE: (         )                                                                   FAX: (        )

NAME OF ENTITY HEAD: ________________________________ TITLE: ________________________________

CONTACT PERSON: ________________________________ TITLE: ________________________________

CONTACT PHONE: (       )                                                               E- MAIL ADDRESS: ________________________________

LEGAL TYPE OF ENTITY (Select one): Governmental (Public)  Private – Non-Profit  Private- Profit

Please check all appropriate areas below that apply to the service(s) provided by your entity to children, the elderly, and/or the disabled. NOTE: a “child” includes any unmarried person under 18 years of age that has not been emancipated by order of a court. An “elderly person” means any person 60 years or older. A “disabled person” includes any person with a mental or physical impairment who requires assistance to perform one or more daily tasks.

<table>
<thead>
<tr>
<th>Type or Person(s)</th>
<th>Care or Treatment</th>
<th>Education, Training or Instruction</th>
<th>Supervision</th>
<th>Recreation</th>
<th>Care Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ENTITY MISSION STATEMENT/SUMMARY OF TYPE OF SERVICES YOUR ENTITY PROVIDES – Please describe the services your entity provides that would qualify your entity to receive state and national criminal history record checks under this program and the applicable laws (continue on separate page, if necessary):

________________________________________________________________________

Do you plan to request state and national criminal history checks on YOUR current or prospective WEST VIRGINIA employees, volunteers, contractors/vendors? (Contractors or vendors may be checked, if they have or may have unsupervised access)  YES  NO  If no, please explain (continue on separate page, if necessary):

________________________________________________________________________

Number of Current Employees: ________________________________ Number of Current Volunteers: ________________________________

Number of Expected New Employees during the next 12 months: ________________________________ Number of Expected New Volunteers during the next 12 months: ________________________________

Are you currently required by law to obtain state and national criminal history record checks on any of your current/prospective employees, volunteers? YES  NO  If yes, what state agency monitors your entity and these record checks?

________________________________________________________________________

PLEASE NOTE: Entities that are required to obtain state and national criminal history checks under other statutory provisions on all or specific employees/volunteers, must continue to comply with those statutes and the procedures that specifically apply to them. Requests for these required criminal history record checks may not be processed through authority granted under the NCPA/VCA, pursuant to federal and West Virginia law.

Approximately how many applicants do you anticipate submitting to WVSP for state and national criminal history record checks, within the next twelve months? ________________________________