



Oklahoma National Background Check Program
Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN)
Staffing Agency Account- System End User and Security Agreement

Agency/Company Name: _____

OK Secretary of State Business Filing Number: _____

Agency Representative who will have and maintain OK-Screen User Accounts as the (Provider User Administrator)

FIRST NAME	LAST NAME
TITLE/POSITION	PROPOSED LOG-IN USER NAME
AGENCY USER E-MAIL	AGENCY TELEPHONE
AGENCY/COMPANY ADDRESS	
CITY/TOWN & ZIP CODE	

System End User and Security Agreement

*The Oklahoma Screening and Registry Employee Evaluation Network (OK-SCREEN) is password protected. You must register your agency and secure a username and password before you access the secured site. Usernames and passwords are never to be shared at any time. All SUBSEQUENT users of the Agency account must secure a user name and password from the **Provider User Administrator**, listed above. The Agency and users are responsible for maintaining the confidentiality of the site information, usernames and passwords. Furthermore, agency and users are responsible for all activities that occur in the agencies account on the OK-SCREEN site. All cost associated with the account is the responsibility of the Agency. The Agency will maintain the required documents for all applicants submitted for background screening and provide copies when requested by the ONBCP for FBI and OSBI audit purposes. Failure to follow the requirements of the ONBCP will result in termination of access to OK-Screen. Users of this site must notify the ONBCP office immediately of any known or suspected unauthorized use of their username and password, or any other breach of security. Contact the ONBCP office at (405) 426-8145, (885) 584-3550 or send an E-mail to okscreen@health.ok.gov*

The signatures below acknowledge and confirm we have read, understand, and accept the terms and conditions as stated in the System End User and Security Agreement.

Signature of Agency Representative-Provider User Administrator

Date

AUTHORIZED OFFICER SIGNATURE - THIS IS GENERALLY THE OWNER/OPERATOR.

 Printed Name & Title of Authorized Person

 E-Mail Address

 Signature of Authorized Person

 Date

Send completed forms to okscreen@health.ok.gov. Note: Incomplete forms will not be processed.

Staffing Agency - Additional Information

The Long Term Care Security Act defines a staffing agency as an employer providing services to those employers listed in the paragraph of the act.

§ 63-1-1945(4) "Employer" means any of the following facilities, homes, agencies or programs which are subject to the provisions of Section 1-1947 of this title: (j) a staffing agency with a contracted relationship to provide staff with direct patient access to service recipients of one or more of the other employers listed in this paragraph. (Have a contracted relationship with an Oklahoma Licensed Long Term Care Facility.)

§ 63-1-1947. Employee background checks.

F. Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. (Results of the required registry screening must be maintained in the applicant's personnel file for audit purposes.)

H. An applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes. (A copy of the applicant's photo identification, Social Security Card, and the signed "Consent and Release Form" must be maintained in the applicant's personnel file for audit purposes. The Employer/Agency is required to obtain a completed "Consent and Release Form" from the applicant, which authorizes the agency to submit the applicant for the criminal history screening thru the OK-Screen web portal.)

V. The Department shall maintain an electronic web-based system to assist employers, and nurse aide scholarship programs, required to check relevant registries and conduct criminal history record checks of its prospective students, employees, independent contractors, and those to whom the employer would grant clinical privileges. The employer shall maintain the status of the employment, contract, or privileges in the system, and the Department shall provide for an automated notice to employers for those employees, independent contractors, and those granted clinical privileges, who, since the initial check, have been convicted of a disqualifying offense or have been the subject of a substantiated finding on a relevant registry. (Agency must maintain the status of all their employees in OK-Screen and annually confirm the employee's employment status. Accounts with no activity or no employees listed in the system will be disabled or closed.)

Oklahoma National Background Check Program Web Site: [\(ONBCP\)](#)

Oklahoma Screening and Registry Employee Evaluation Network Web Site: [\(OK-SCREEN\)](#)

[OK-Screen User Manual](#)

Oklahoma Secretary of State [\(Steps to Start your Business\)](#)

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