RULE 44 - PRE-LICENSE CRIMINAL BACKGROUND CHECK

A. Pursuant to Act 990 of 2019, an individual may petition for a pre-licensure determination of whether the individual’s criminal record will disqualify the individual from licensure and whether a waiver may be obtained.
B. The individual must obtain the pre-licensure criminal background check petition form from the Board.
C. The Board will respond with a decision in writing to a completed petition within a reasonable time.
D. The Board’s response will state the reason(s) for the decision.
E. All decisions of the Board in response to the petition will be determined by the information provided by the individual.
F. Any decision made by the Board in response to a pre-licensure criminal background check petition is not subject to appeal.
G. The Board will retain a copy of the petition and response and it will be reviewed during the formal application process.

Waiver Request

A. If an individual has been convicted of an offense listed in A.C.A. § 17-2-102(a), except those permanently disqualifying offenses found in subsection (e), the Board may waive disqualification of a potential applicant or revocation of a license based on the conviction if a request for a waiver is made by:
   1. An affected applicant for a license; or
   2. An individual holding a license subject to revocation.
B. The Board may grant a waiver upon consideration of the following, without limitation:
   1. The age at which the offense was committed;
   2. The circumstances surrounding the offense;
   3. The length of time since the offense was committed;
   4. Subsequent work history since the offense was committed;
   5. Employment references since the offense was committed;
   6. Character references since the offense was committed;
   7. Relevance of the offense to the occupational license; and
   8. Other evidence demonstrating that licensure of the applicant does not pose a threat to the health or safety of the public.
C. A request for a waiver, if made by an applicant, must be in writing and accompany the completed application and fees.
D. The Board will respond with a decision in writing and will state the reasons for the decision.
E. An appeal of a determination under this section will be subject to the Administrative Procedures Act §25-15-201 et seq.
Pre-Licensure Criminal Background Check Petition

Date: ______________

Contact Information:
Name: ______________________________________________________
Address: ____________________________________________________
City: _________________________State:________ Zip Code:_________
Phone Number: _________________
Email: ______________________________________________________

Criminal Record Information:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

By signing this petition:

I swear or affirm that the statements contained herein (and included on any attached
documentation) are true and correct and that I do not misrepresent any information contained
therein.

I acknowledge that, in addition to this petition, I may be required to undergo a state and federal
criminal background check at my own expense.

I acknowledge that any decision made in response to this petition is subject to change if there
has been a change to the provided information during the formal application process.

I acknowledge that any decision made in response to this petition only applies to the criminal
records aspect of the licensing process and does not guarantee licensure.

I acknowledge that any decision made in response to this petition is not subject to appeal.

Signature: _______________________________   Date: ____________