



*For OASAS Provider Use Only*

<b>INSTRUCTIONS</b>	
<p>Complete this form to request a waiver of the OASAS fingerprint requirement. If a prospective employee/volunteer/contractor (applicant) was recently fingerprinted through the OASAS CBC process, the applicant may not need to be fingerprinted again. Please fill out the form in its entirety and return to the OASAS CBC Unit at <a href="mailto:cbc@oasas.ny.gov">cbc@oasas.ny.gov</a>.</p> <p><i>*Once you request a waiver, do not schedule a fingerprint appointment with IdentoGO unless directed to do so by this office.</i></p>	
<b>APPLICANT INFORMATION</b>	
<b>Name of the applicant:</b>	
<b>Date of birth:</b>	<b>Last 4 digits of applicant's Social Security No.:</b>
<b>Date of last fingerprint:</b>	<b>Name of Provider the applicant was fingerprinted for:</b>
<b>YOUR PROVIDER INFORMATION</b>	
<b>Provider Name:</b>	
<b>Provider No.:</b>	
<b>Are you a dually NYS licensed provider:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Job title applicant is applying for:</b>	
<b>ADDITIONAL INFORMATION (IF APPLICABLE)</b>	
<b>PROVIDER CERTIFICATION</b>	
<p>The undersigned hereby attests that to the best of his or her knowledge, the information set forth above is true and correct.</p> <p>Name: _____ Title: _____</p> <p>Email address: _____ Phone: _____</p> <p>Signature: _____ Date: _____</p>	
<b>FOR OASAS COUNSEL'S OFFICE USE ONLY</b>	
<b>Date:</b>	<input type="checkbox"/> <b>Granted</b> <input type="checkbox"/> <b>Denied</b>
<b>Reason for Denial:</b>	