



The Center for Healing Sponsored by LifePath Systems

ORGANIZATIONAL APPLICATION CHECKLIST

The checklist below is provided to assist in completing the application.

Submission Date: _____

Line Item	Name of Organization/Individual: _____				
		LIST	YES	N	N/A
		REQUIRED FOR ALL APPLICANTS:			
1	Application Checklist (<i>this page</i>)				
2	Application – 1 Original (<i>pages 12-15</i>)				
3	Attestation (<i>page 16</i>)				
4	General Authorization for Release of Information (<i>page 17</i>)				
5	Assurances Document (<i>pages 18-19</i>)				
6	Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements (<i>page 20</i>)				
7	General Liability Insurance Coverage (<i>if applicable</i>)				
8	Fire Inspection(s) - current within 1 year (<i>if applicable</i>)				
9	Certificate(s) of Occupancy (<i>if applicable</i>)				
10	Auto Liability Insurance Coverage (<i>if applicable</i>)				
11	Professional Liability Insurance Coverage (<i>if applicable</i>)				
12	IRS Tax Exemption Form or proof of Status as Governmental Entity (<i>if applicable</i>)				
13	Workers' Compensation Coverage (<i>if applicable</i>)				
14	Adverse Actions explanation (<i>if applicable</i>)				
15	Affiliations Information (<i>if indicated on Assurances</i>)				
16	Financial Interest Information (<i>if indicated on Assurances</i>)				
17	Key Persons Disclosure (<i>if indicated on Assurances</i>)				
18	Key Persons List (Attachment A– <i>For Reference</i>) Only				
19	Background Check For (Attachment B)*(<i>Individual Applicants only</i>)				
20	Driver's License* (<i>Individual Applicants only</i>)				
21	Professional License/Certification* (<i>Individual Applicants only</i>)				
22	Acronyms Glossary (Attachment C – <i>For Reference Only</i>)				
23	Form W-9 (Attachment D)				
24	Conflict of Interest Questionnaire (Attachment E)				

**Organization staff credentials and Individual training proofs to be submitted post contract execution, but prior to service delivery.*



**OPEN ENROLLMENT FOR BEHAVIORAL HEALTH SERVICES
APPLICATION FOR ORGANIZATIONAL/INDIVIDUAL
PROVIDERS (“APPLICATION”)**

REQUIRED APPLICATION INFORMATION:

An applicant **MUST** answer every question IN THE ORDER SHOWN. If the question/necessary information does not apply, simply and clearly document "N/A". Add additional pages as required to answer questions. Interviews or site visits may be conducted on a case-by-case basis to further evaluate Applications.

A.	BUSINESS DEMOGRAPHICS	
1.	Organization/Individual Name:	
2.	Organization dba Name:	
3.	Federal Tax ID Number:	
4.	Agency NPI Number:	
5.	Business Address:	
6.	Contact/Title:	
	Email Address:	
	Address:	
	Phone/Fax:	
7.	Executive Director- Owner/Title: Email Address:	
	Address:	
	Phone/Fax:	
8.	Services Contact/Title: Email	
	Address:	
	Phone/Fax:	
9.	Billing Contact/Title:	
	Email Address:	
	Address:	
	Phone/Fax:	
10.	Number of years in operation as a business: _____	
11.	Languages services provided in: _____	
12.	Is organization/individual certified as or eligible to be a Historically Underutilized Business: Yes No (If certified, provide Certification Number): _____	
13.	List all licenses, credentials, certifications, and/or accreditations currently held by organization/individual: (Provide copies as applicable):	



B. SERVICES

1. Place a check mark in the box beside the services organization/individual is applying to provide.

Service	Indicate (✓) if applying to provide this service
Music Therapy	
Art Therapy	
Animal-Assisted Therapy	
Trauma Related Therapy – Play therapy	
Trauma Related Therapy – EMDR	

2. Will all services contracted under this RFA be provided by organization/individual:

Yes No

3. Please provide a full explanation for any “No” response: *(Attach additional pages as necessary)*.

C. SERVICE LOCATION:

If services are to be provided in a facility owned/rented by the organization/individual:

- a. Attach a Certificate of Insurance with effective and expiration dates showing current General Liability insurance coverage limit;
- b. Attach a Fire Inspection (current within 1 year) by applicable local fire authority;
- c. Attach a Certificate of Occupancy;
- d. Is the building accessible for individuals with disabilities: **Yes No**
- e. How close is the facility to public transportation: _____

D. PROFESSIONAL LIABILITY INSURANCE

Organization and licensed/certified professionals must have professional liability insurance with limits of at least one million each occurrence and three million aggregates. Please attach policy certificate showing effective date and expiration date of coverage, per occurrence amount and aggregate amount.

E. EXPERIENCE

1. Describe experience over the last 5 years providing services to the population of individuals the organization/individual is applying to serve: *(Attach additional pages as necessary)*

2. Describe abilities/experience working with persons who are hearing impaired, persons who have limited language skills, persons with physical impairments, and/or persons who use adaptive equipment: *(Attach additional pages as necessary)*

3. Describe experience/abilities working with diverse groups of individuals with regard to ethnic, racial, religious, and sexual orientation: *(Attach additional pages as necessary)*



THE CENTER FOR HEALING

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4. Describe any limitations on capacity to serve the population (age ranges, total number of clients, geographical region, etc.): *(Attach additional pages as necessary)*

5. Are all staff and sub-contractors current on all training required by the credentialing/licensing agency and/or the Texas Administrative Code as described in contract exhibit(s)? **Yes No**
If no, what is the plan for ensuring all staff and sub-contractors receive training before service initiation: *(Attach additional pages as necessary)*

6. Describe approach to working with individuals who are non-compliant with treatment: *(Attach additional pages as necessary)*

F. INFORMATION SYSTEMS

Organization/individual must have and maintain internet access and a current email account in order to be eligible to be a party to a contract.

- a. Does organization/individual have internet access and a valid email address? **Yes No**

G. RISK MANAGEMENT

1. Describe how organization/individual identifies, controls, avoids, minimizes and/or eliminates unacceptable risks to individuals receiving services and liability to the organization/individual. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

2. Describe how organization/individual protects the security of individuals receiving services and their protected information. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

3. Describe how organization/individual prevents, identifies, and reports abuse, neglect, exploitation, and rights violations pertaining to individuals receiving services, including the training of staff on these issues. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

4. Is organization/individual a non-profit or otherwise exempt from payment of State Franchise Tax? **Yes No** *(If yes, attach a valid 501C IRS Exemption Form)*



- Provide name of Workers' Compensation carrier if organization has Workers' Compensation coverage or self-funding documents if self-funded: _____

H. ADVERSE ACTIONS

- Are criminal history checks done on all staff annually? **Yes** **No**
- Describe organization's policies and procedures regarding the hiring and retention of persons with criminal histories: *(Attach additional pages as necessary)*

- Do any of the organization's employees have criminal convictions? **Yes** **No**
If yes, explain: *(Attach additional pages as necessary)*

- Describe organization's process, if any, for checking on confirmed fraud, abuse, neglect, exploitation or rights violations of employees or applicants for employment, such as through the Nurse Aide Registry and the Employee Misconduct Registry: *(Attach additional pages as necessary)*

- Do any of organization's current employees have validated/confirmed fraud, abuse, neglect, exploitation, or rights violation claims? **Yes** **No**
If yes, describe in detail: *(Attach additional pages as necessary)*

- Does the organization/individual meet standard federal guidelines for Medicaid and Medicare?
Yes **No**
- Is the organization/individual currently under investigation, or has the organization had a license or accreditation revoked by any state/federal/local authority or licensure agency within the last 5 years? **Yes** **No**
- Has the organization/individual had any judgments or settlements entered against it in the last 10 years? **Yes** **No**

I. REFERENCES

List three references who are able to attest to the quality of the organization/individual's work performance and have knowledge of the organization's previous experience and ability to provide a healthy, safe, and therapeutic environment to Consumers served under this RFA:

Reference	E-mail Address	Phone

ATTESTATION

I hereby attest to the following:

- I consent to the inspection of records and documents pertinent to this Application, including the release by any person to The Center for Healing of all information that may reasonably be relevant to an evaluation and verification of this Application or evaluation of professional competence, including, but not limited to, consultation with any other health professionals or institutions with which Organization/Individual has been or is currently associated.

- All information contained in the Application is true, correct, and complete including, without limitation, any history of loss of license and/or convictions, loss or limitation of privileges or disciplinary activity, and chronological work history, to the best of Organization/Individual's knowledge. Organization/Individual understands that The Center for Healing will check conviction record of Organization/Individual. Organization/Individual understands and agrees that any information contained in this Application which subsequently is found to be false could result in a denial of the Application or termination from network participation.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned Individual, or authorized representative of Organization (acting on Organization's behalf), hereby authorize The Center for Healing to obtain any and all information required to complete a review and primary source verification of Organization/Individual's credentials. Information and documents to be reviewed include, but are not limited to, licensure/certification, accreditations, education, and claims made against licensure/certification, malpractice insurance and claims.

I, the undersigned Individual or authorized representative of Organization, hereby release from liability and hold harmless for the consequences of any disclosure, to the fullest extent permitted by law, the named references in this Application and The Center for Healing sponsored by LifePath Systems for their written and oral statements, decisions, and actions in connection with evaluating Organization/Individual's Application for network approval including, without limitation, Organization/Individual's experience, competencies and qualifications, health status, emotional stability, professional ethics, and character. Organization/Individual hereby releases from liability any and all individuals and organizations reviewing this Application for their acts performed in good faith and without malice in connection with evaluating this Application and the credentials and qualifications. Organization/Individual also releases from any liability any and all individuals and organizations who provide information in good faith and without malice concerning the above release items.

A photostat, electronic or facsimile copy of this original statement constitutes Organization/Individual's written authorization and request to release any and all documentation relevant to The Center for Healing credentialing and/or network approval process. Such photostat, electronic or facsimile copy shall have the same force and effect as the signed original.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

ASSURANCES DOCUMENT

Applicant Name:

This document is required of all Applicants and must be signed and attached to the Application.

Applicant Assures the Following:

1. All addenda and attachments to the RFA as distributed by The Center for Healing sponsored by LifePath Systems have been received.
2. No attempt has been or will be made by the Applicant to induce any person to submit or not submit an application.
3. Applicant will ensure that no person on the basis of race, color, national origin, religion, sex, age, sexual orientation, gender identity, genetic characteristics, veteran status, disability, or political affiliation, will be excluded from participation in, be denied the benefits of, or be subject to discrimination with respect to any Contract, under any of the policies of HHSC or The Center . Applicant does not discriminate in its service or employment practices on the basis of race, color, religion, sex, sexual orientation, gender identity, genetic characteristics, national origin, disability, veteran status, age, or political affiliation.
4. Applicant accepts the terms, conditions, criteria, and requirements set forth in the RFA.
5. Applicant accepts The Center's right to cancel the RFA at any time.
6. No claim will be made for payment to cover costs incurred in the preparation or the submission of the Application or any other associated cost.
7. The individual signing these assurances is authorized to legally bind the Applicant.
8. The address submitted by the Applicant to be used for all notices sent by The Center is current and correct and any changes shall be immediately provided to The Center.
9. Applicant agrees to follow all applicable federal, state, county, local, HHSC laws, regulations, codes, standards, and The Center's policies and procedures.
10. No employee of The Center for Healing sponsored by LifePath Systems, HHSC, and no member of the LifePath Systems Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed Contract(s) to Applicant. *If the Applicant is unable to make the affirmation, the Applicant must disclose any knowledge of such interests. (See Attachment A – The Center for Healing's Key Persons List.)*
11. No director or personnel of the Applicant has been either an employee, officer, or member of the Board of Trustees of Local Authority within the past two (2) years preceding the date of submission of the Application. This requirement applies to all Collin County Mental Health Mental Retardation Center dba LifePath Systems personnel including The Center for Healing sponsored by LifePath Systems personnel, whether or not identified on Attachment A. *If such employment has existed, or a term of office served, Applicant must state the nature and time*



of the affiliations as defined on a separate sheet.

12. No officer, employee or member of the Board of Trustees of Local Authority has financial interest in the Applicant or is related within the second degree by consanguinity or affinity to a person having such financial interest. *If such financial interest exists, Applicant must fully and completely disclose the nature of such financial interest and the relationship on a separate sheet.*
13. Applicant is not doing business and has not done business with any Local Authority key person (See Attachment A--Key Persons List) during the 365-day period immediately prior to the date on which the Application was submitted. *If Applicant has done or is currently doing business with such a key person, Applicant must disclose the name of any such key person on a separate sheet.*
14. Under Section 231.006, Family Code, the vendor, or Applicant certifies that the individual or business entity named in this contract, bid, or Application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, "the specified grant, loan or payment" shall mean any Contract between Applicant and The Center for Healing pursuant to this RFA.
15. Applicant is not currently held in abeyance or barred from the award of a federal or state contract.
16. Applicant is currently in good standing for state tax, pursuant to the Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

CERTIFICATION REGARDING LOBBYING, GRANTS, LOANS, & COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)



**Attachment B
Local Authority's Bars to Workforce/Contracting**

FY24 CRIMINAL BACKGROUND CHECK FORM

DIVISION: _____ CONTRACT MANAGER: _____ PROGRAM: _____

ORGANIZATION (Business Entity): _____

LEGAL FIRST NAME: _____ LEGAL LAST NAME: _____

SOCIAL SECURITY #/EIN#: _____ GENDER: _____ RACE: _____ DATE OF BIRTH: _____

PHONE#: _____ ALT PHONE #: _____

PREFERRED LANGUAGE: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE AN INDEPENDENT/INDIVIDUAL CONTRACTOR, PLEASE LIST ALL THE STATES YOU HAVE LIVED IN THE LAST TWO YEARS (INCLUDING TEXAS):

In addition to obtaining criminal history record information from TDPS, local authorities must obtain criminal history information for applicants who have lived outside of the State of Texas at any time during the two years preceding the contract through the FBI using a complete set of fingerprints on the official FBI card. LifePath Systems assumes no liability nor responsibility should the results of this background check, nurse aid registry check, misconduct registry check, or debarred vendor check divulge that the applicant is ineligible for consideration as a provider of services. If the Contractor, its officers, employees, or agents have a conviction as described in the **Conviction and Registry Clearance** on the following page, the Contractor will be barred from doing business with the Center.

PLEASE FOLLOW THE INFORMATION BELOW REGARDING FINGERPRINTING:

1. Access <https://uenroll.identogo.com>
2. Enter Service Code 11FHT4.
3. Select an available date for your appointment.
4. Enter payment information.
5. Print off the last page that shows your registration number.
6. Take a Photo ID and a copy of the last page with your registration number to your appointment.
7. Inform your assigned Contract Manager when your appointment is completed.

With the below signature, I give LifePath Systems my permission to run the above-described background check, I also declare my full understanding that the above test will be performed by LifePath Systems on an annual basis. I also consent to LifePath Systems' requirement that my name/organization be checked against the List of Excluded Individuals and Entities (LEIE) on a monthly basis.

CONTRACTOR SIGNATURE: _____

DATE: _____

CONVICTION AND REGISTRY CLEARANCE

Contracting Organizations

Contractor shall provide evidence of criminal history and registry clearances for Contractor, their employees, and their volunteers pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry Clearances. Criminal history for those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement includes submission of fingerprints to the FBI. Contractor is solely responsible for related costs.

- Contractor must forward all signed policies, procedures, and other relevant documents to show compliance with the criminal history and registry clearances as identified in Section 8.9 of this agreement prior to contract execution.
- Contractor acknowledges they and/or their employees, agents or representatives are prohibited from having any contact with individuals receiving services through this agreement until successfully clearing the criminal background check and required registry reviews.
- During the term of the contract, Contractor is responsible for promptly forwarding all applicable request for Office of the Inspector General (OIG) Exclusion List and applicable registry clearance verification upon request of Contract Manager in accordance with Section 8.9 and Section 9.2 of this agreement.
- The Center for Healing is responsible for receiving, storing, and logging all data relevant to this topic.

Individual Contractors

LifePath will conduct criminal history and registry clearances for Contractor pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry clearances. For those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement, Contractor must provide a complete set of fingerprints. Fingerprint processing instructions may be obtained from the assigned LifePath Systems' Contract Manager. LifePath is solely responsible for related costs.

- Contractor must complete LifePath Systems Criminal Background Check Form and submit to the assigned LifePath Systems Contract Manager prior to service delivery.
- Contractor is prohibited from having any contact with individuals receiving services until the results of the criminal background check and required registry reviews are assessed and contractor is notified of results.
- During the term of the contract, LifePath Systems Contract Manager will ensure monthly Office of the Inspector General (OIG) Exclusion List and applicable registry clearances is completed in accordance with established regulatory guidelines.
- LifePath Systems Contract Manager is responsible for receiving, storing, and logging all data relevant to this topic.

Screening and Clearance Prior to and During Implementation

Screening and maintenance of the documentation that the checks were performed is required prior to contracting and on a routine monthly basis. All relevant state agencies will recoup for services provided by excluded parties.

Provider Exclusion

To combat fraud and abuse, the United States Department of Health and Human Services Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and all federal health care programs. When the HHS-OIG has excluded a provider, federal health care programs are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities.

Convictions Barring Employment:

1. The person has been convicted of an offense listed in this subsection:
 - a. an offense under Chapter 19, Penal Code (criminal homicide);
 - b. an offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
 - c. an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), or Section 21.11, Penal Code (indecent with a child);
 - d. an offense under Section 22.011, Penal Code (sexual assault);
 - e. an offense under Section 22.02, Penal Code (aggravated assault);
 - f. an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
 - g. an offense under Section 22.041, Penal Code (abandoning or endangering child);
 - h. an offense under Section 22.08, Penal Code (aiding suicide);
 - i. an offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - j. an offense under Section 25.08, Penal Code (sale or purchase of child);
 - k. an offense under Section 28.02, Penal Code (arson);
 - l. an offense under Section 29.02, Penal Code (robbery);
 - m. an offense under Section 29.03, Penal Code (aggravated robbery);
 - n. an offense under Section 21.08, Penal Code (indecent exposure);
 - o. an offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - p. an offense under Section 21.15, Penal Code (improper photography or visual recording);
 - q. an offense under Section 22.05, Penal Code (deadly conduct);
 - r. an offense under Section 22.021, Penal Code (aggravated sexual assault);
 - s. an offense under Section 22.07, Penal Code (terroristic threat);
 - t. an offense under Section 32.53, Penal Code (exploitation of child, elderly individual, or disabled individual);
 - u. an offense under Section 33.021, Penal Code (online solicitation of a minor);
 - v. an offense under Section 34.02, Penal Code (money laundering);
 - w. an offense under Section 35A.02, Penal Code (Medicaid fraud);
 - x. an offense under Section 36.06, Penal Code (obstruction or retaliation);
 - y. an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to non-livestock animals); or
 - z. a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.



2. The person may not serve in a position the duties of which involve direct contact with an individual receiving services before the fifth (5th) anniversary of the date the person is convicted of:
 - a. an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
 - b. an offense under Section 30.02, Penal Code (burglary);
 - c. an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
 - d. an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of financial institution), that is punishable as a Class A misdemeanor or a felony;
 - e. an offense under Section 32.46, Penal Code (securing execution of document by deception), that is punishable as a Class A misdemeanor or a felony;
 - f. an offense under Section 37.12, Penal Code (false identification as peace officer; misrepresentation of property); or
 - g. an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).
3. For the purposes of the sections above, a person who is placed on deferred adjudication community supervision for an offense listed in the sections above, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Article 42A.111, Code of Criminal Procedures, is not considered convicted of the offense for which the person received deferred adjudication community supervision.
4. Additional to Bars of Employment for ICF/IDD:
 - a. Bars pursuant to 40 TAC §3.201, THSC 481 – Texas Controlled Substance Act: A conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer to receipt of chemical laboratory apparatus).
 - b. Texas Penal Code:
 - i. §15.01 – Criminal Attempt of an Offense Listed as a Bar
 - ii. §43.03 – Promotion of Prostitution
 - iii. §43.04 – Aggravated Promotion of Prostitution
 - iv. §43.05 – Compelling Prostitution
 - v. §43.25 – Sexual Performance by a Child
 - vi. §43.26 – Possession or Promotion of Child Pornography
5. An individual who is listed as revoked in the Nurse Aide Registry or listed as unemployable in the Employee Misconduct Registry.