



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Confidential Intermediary
Certification Application**



Applicant information:

Last name		M.I.	First	
Other names you have been known by, if any				
Home street address		City	State	Zip
Street or P.O. Box mailing address		City	State	Zip
Home phone number	Business phone number		Message phone number	
Are you at least 21 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security number, optional		
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you a legal resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Registration number	

Employment history: List past five years work experience beginning with most recent. List any jobs reflecting related experience. Attach additional sheet if necessary.

Company name and mailing address		
Supervisor's name and title		Phone number
Position held	From mo/yr	To mo/yr
Brief description of job duties		
Reason for leaving		

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Reason for leaving		

Education:

Name and location of training program, college, or university	Major field of study	Dates attended	Degree (type)

Professional registration license and accreditation:

Type	Receipt number	Registration number	Dates held	State

Foreign language: Indicate non-English languages you speak, read, or write fluently:

Language	Speak	Read	Write
	Well <input type="checkbox"/> Fair <input type="checkbox"/>	Well <input type="checkbox"/> Fair <input type="checkbox"/>	Well <input type="checkbox"/> Fair <input type="checkbox"/>
	Well <input type="checkbox"/> Fair <input type="checkbox"/>	Well <input type="checkbox"/> Fair <input type="checkbox"/>	Well <input type="checkbox"/> Fair <input type="checkbox"/>
	Well <input type="checkbox"/> Fair <input type="checkbox"/>	Well <input type="checkbox"/> Fair <input type="checkbox"/>	Well <input type="checkbox"/> Fair <input type="checkbox"/>

References: List two personal references, not relatives or employers.

Name			
Street or P.O. Box mailing address	City	State	Zip
Relationship, such as neighbor or former co-worker			Years known
Home phone	Business phone	Occupation	

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Relationship, such as neighbor or former co-worker			Years known
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Other qualifications: List other qualifications, including search experience, genealogy, experience as a triad member, social worker, achievements, or specialized training.

Referral source:

- Friend/relative
- Media, Specify: _____
- Current confidential intermediary
- Other, Specify: _____
- Court employee

Criminal history:

If you answer yes to any of these questions, indicate date of conviction, nature and details of the offense, city, state, court, and case number. Attach additional sheet, if necessary.

Have you ever been found guilty of a felony, misdemeanor, or other crime? Yes No

If you entered into a plea bargain or pled no contest or your conviction was vacated, pardoned, expunged, dismissed, or appealed, or your civil rights were restored you

must answer yes and give details of the offense. Do not answer yes or give details if you have only minor traffic violations.

Have you ever:

- had any business or professional license or registration restricted, denied, suspended, or revoked;
- voluntarily surrendered your license during the course of an investigation or disciplinary proceedings;
- had an administrative order entered against you; or
- had any other disciplinary action taken against your license whether reprimand, censure, fine, or other penalty, by any state or federal administrative or regulatory agency? Yes No

Have you ever been party to a lawsuit that included allegations of misrepresentation, fraud, racketeering, breach of fiduciary duty, misappropriation, dishonesty, or where the lawsuit arose out of the conduct of any employment or contract? Yes No

Request for certification

I hereby make application to the State of Oklahoma, OKDHS Confidential Intermediary Program, for certification as a confidential intermediary under the provisions of Section 7508-1-3 of Title 10 of the Oklahoma Statutes (10 O.S. § 7508-1.3), providing for confidential intermediaries.

All information given in this application is true to the best of my knowledge and belief. I understand that background investigations are conducted on all applicants. I agree to submit to this procedure with the knowledge that the results of this investigation are a determining factor in obtaining certification as a confidential intermediary.

I authorize all schools I attended and previous employers to furnish my record, reason for leaving, and all information they may have concerning me. I hereby release OKDHS and anyone providing information to the Confidential Intermediary Program from all liability for any damage whatsoever arising therefrom.

If granted the certification herein applied for, I agree to abide by the provisions of 10 O.S. § 7508-1.3 and the Confidential Intermediary Program Administrative Rules and Procedures currently in effect and subsequently issued. I further agree to abide by the practice and principles of the Confidential Intermediary Program.

Filing an application that is false or misleading may result in denial, suspension, or revocation of certification.

Signature of applicant

Date

All applicants for confidential intermediary certification **must submit a \$10 fee** made payable to OKDHS and an OSBI background check completed within six months of this application.