

**ATTESTATION – NON TITLE 8**  
**TEMPORARY PROVISIONAL AND PARTIAL BACKGROUND CHECK WAIVER**

*This form is effective as of December 7, 2021, unless rescinded or the authority for this waiver expires as a matter of state law.*

**By my signature below, I hereby certify and attest that:**

- (1) I have the legal authority to act on behalf of \_\_\_\_\_  
*Name of Facility*
- (2) \_\_\_\_\_ is an ASHNHA member facility with internal criminal history background checks consistent with the requirements in AS 47.05.310 and 7 AAC 10.900.
- (3) This attestation is submitted for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Name of Individual DOB SSN*
- (4) \_\_\_\_\_ had a criminal history check completed for \_\_\_\_\_ as of \_\_\_\_\_  
*Name of Facility Name of Individual Date*
- (5) This criminal history check did not indicate any potential barriers that would result in a denial or variance process under normal DHSS background check procedures.
- (6) \_\_\_\_\_ will be employed as \_\_\_\_\_.  
*Name of Individual Position/Title or description of duties*
- (7) I understand that the requirement for a State of Alaska civil history background check is temporarily waived for \_\_\_\_\_.  
*Name of Individual*
- (8) I understand that **this temporary provisional and partial waiver ends on February 11, 2022 or upon notification** by the Commissioner of DHSS, whichever is sooner, unless DHSS approves an extension in writing.
- (9) I understand that upon expiration of this waiver, I must contact the DHSS background check program to initiate a state background check process for \_\_\_\_\_.
- (10) I understand that \_\_\_\_\_ may continue to work under this temporary waiver only until the state background check determines continued eligibility for employment.

**I understand that knowingly making a false statement may subject me to criminal prosecution or civil action, including, without limitation, monetary penalties. I understand that knowingly making a false statement may constitute the crimes of perjury (AS 11.56.20) and/or unsworn falsification (AS 11.56.210).**

**I certify, under penalty of perjury, that the information I have provided herein is true, accurate, and complete to the best of my knowledge.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Role/title: *must be Risk Management or Human Resources Manager*

**Print and sign this attestation, scan, and submit to: [Laura.Russell@alaska.gov](mailto:Laura.Russell@alaska.gov)**