

Date:

Name and Address of Facility

RE: Criminal History Record Check (Waiver)

Dear (Applicants Name),

Following our employment offer to you, this healthcare facility performed a criminal history record check, as required by Mississippi Code of 1972 Section 43-11-13, as amended, thru the Mississippi State Department of Health Criminal History Record Check Unit.

We are pleased to inform you that although the results of the background check revealed the possibility of a disqualifying event(s), we are granting you a waiver pursuant to the requirements of this law. This letter, which is good for 2 years, confirms your suitability for employment in this healthcare facility based on the background check and subsequent personal interview.

This decision is for employment with (FACILITY NAME) only and is not usable at any other healthcare facility. If you have any questions regarding this letter, please contact (HR SUPERVISOR and PHONE NUMBER).

Sincerely,  
Facility Representative Name and Title

SWORN AND SUBSCRIBED BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature Notary Public

\_\_\_\_\_  
My Commission Expires