



Virginia Birth-Related Neurological Injury
Compensation Program

**Certification Regarding Agency
Caregiver's Prior Criminal History**

Claimant's Name: _____

Address: _____

WCC Case #: _____

I, _____, a representative of, and acting on behalf of, _____, the nursing agency providing care for the above-referenced Program claimant, do hereby certify and verify that _____, the employee of the agency and the person the agency has placed for claimant's care, has not been convicted of any of the barrier crimes set forth in Virginia Code §§ 37.2-314, 37.2-416, or 37.2-506; including but not limited to, murder or manslaughter, malicious wounding by mob, abduction, abduction for immoral purposes, assault and bodily wounding,

robbery, carjacking, extortion by threat, threat, any felony stalking violation, sexual assault, arson, burglary, any felony violation related to the distribution of drugs, drive-by shooting, use of a machine gun in a crime of violence, aggressive use of a machine gun, use of a sawed-off shotgun in a crime of violence, pandering, crimes against nature involving children, taking indecent liberties with children, abuse or neglect of children, failure to secure medical attention for an injured child, obscenity offenses, possession of child pornography, electronic facilitation of pornography, incest, abuse or neglect of an incapacitated adult, employing or permitting a minor to assist in an act constituting an offense under Article 5, Chapter 8, of Title 18.2 of the Code of Virginia, delivery of drugs to prisoners, escape from jail, felonies by prisoners as set forth in Virginia Code § 53.1-203 or an equivalent offense in another State, any felony violation related to possession of drugs pursuant to Article I, Chapter 7, of Title 18.2 of the Code of Virginia within five years prior to the application for employment, or any felony violation related to possession of drugs pursuant to Article I, Chapter 7, of Title 18.2 of the Code of Virginia for which he or she continues to be on probation or parole or has failed to pay court costs.

I hereby further certify that I have personal knowledge of the basis for my certification, whether by obtaining a criminal history records check and sex offender search result from the Virginia State Police, or by other means.

I expressly acknowledge, on behalf of the nursing agency, that the Virginia Birth-Related Neurological Injury Compensation Program requires that the agency provide the Program with copies of its employment policies regarding the criminal history records checks and sex offender searches conducted on the agency's employees. I aver, on behalf of the nursing agency, that copies of said policies are attached hereto and are

incorporated herein by reference. As a representative of said nursing agency, I also acknowledge that the agency shall not be reimbursed for any hours worked by an agency employee for which the certification regarding the prior criminal record of the employee placed for the claimant's care has not been provided to the Program.

I execute this Certification this ____ day of _____, 2008.

Signature

Printed Name

COMMONWEALTH/STATE OF _____:

COUNTY OF _____ :

This ____ day of _____, 2008, appeared before me _____, a representative executing this document on behalf of _____, the nursing agency providing care for the admitted claimant, and swore to the truth and accuracy of the entire contents of the above Certification. I have verified the identity of the person who signed this document.

Notary Public

My Commission Expires:
