

State of Hawaii
Department of Health
Office of Health Care Assurance

Form 106E
Request for Exemption
(From Criminal History Record and Protective Services Central Registry Check Standards)

SECTION I: INDIVIDUAL SEEKING EXEMPTION (Applicant)

Print Name: _____
Last First M.I.

Signature _____

Social Security No.: _____ Birth Date: _____

Home Address: _____

Mailing Address: _____

Email Address: _____

Home Telephone: _____ Business/Cell Telephone: _____

SECTION II: REASONS FOR EXEMPTION

COMPLETE ALL OF THE FOLLOWING ITEMS. Attach additional pages if necessary.

1. Identify the prospective employer, agency and/or client you would like to work for as a direct service provider:

2. Describe the type of service you would be providing for the employer, agency and/or client:

3. I am seeking an exemption for: **(Check only ONE block)**

SUBMIT A SEPARATE REQUEST FOR EACH CRIMINAL CONVICTION OR PROTECTIVE SERVICE REGISTRY CHECK CONFIRMATION YOU ARE APPLYING FOR:

Criminal Conviction: Offense _____ Date of Conviction _____

Protective Services Central Registry Check Confirmation:
Type of Abuse _____ Date of Confirmation _____

WHEN YOU ARE APPLYING FOR AN EXEMPTION FOR A CRIMINAL CONVICTION (STATE OF HAWAII NAME CHECK) FROM THE HAWAII CRIMINAL JUSTICE DATA CENTER:

1. Attach a copy of the form that shows the conviction you are seeking an exemption for and
2. Attach the signed [Statement of Authenticity](#).

4. Explain why you believe an exemption should be given for your criminal conviction or confirmation of abuse:

5. Explain why you believe the commission of the crime or abuse for which you were convicted or confirmed and for which you seek exemption is unlikely to occur again:

6. List all significant activities and dates since your criminal conviction or confirmation of abuse, such as employment, participation in therapy or education, etc.:

7. List professional references and provide telephone numbers where they may be contacted. In providing this information, you are consenting to the Department of Health or its designee to contact these individuals for reference verification purposes. Written statements of support may also be submitted:

8. Other comments you may wish to make regarding your exemption request:

SEND COMPLETED REQUEST FOR EXEMPTION FORM TO:

Fieldprint, Inc.

12000 Commerce Parkway

Suite 100

Mt. Laurel, NJ 08054