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