



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
EMPLOYEE DISQUALIFICATION UNIT

HOW TO SUBMIT:

Scan and email to: CRA-EDL@health.mo.gov or

Fax to: 573-522-8463 or

Mail to: **ATTN: EDL Unit, PO Box 570, Jefferson City Missouri 65102-0570**

**Consumer Reporting Agency
Registration to Conduct Employee Disqualification List (EDL) Checks**

Definition of Consumer Reporting Agency,

15 U.S.C. § 1681a(f):

(f) The term “consumer reporting agency” means any person which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third parties, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports.

Entities meeting this definition may request EDL Checks pursuant to Section 660.315.11.(7), RSMo.

660.315 11. The department shall provide the list maintained pursuant to this section to other state departments upon request and to any person, corporation, organization, or association who:

- (1) Is licensed as an operator under chapter 198;
- (2) Provides in-home services under contract with the department;
- (3) Employs nurses and nursing assistants for temporary or intermittent placement in health care facilities;
- (4) Is approved by the department to issue certificates for nursing assistants training;
- (5) Is an entity licensed under chapter 197;
- (6) Is a recognized school of nursing, medicine, or other health profession for the purpose of determining whether students scheduled to participate in clinical rotations with entities described in subdivision (1), (2), or (5) of this subsection are included in the employee disqualification list; or
- (7) Is a consumer reporting agency regulated by the Fair Credit Reporting Act that conducts employee background checks on behalf of entities listed in subdivision (1), (2), (5), or (6) of this subsection when the entity is fulfilling its duties required under this section. The information shall be disclosed only to the requesting entity.

The department shall inform any person listed above who inquires of the department whether or not a particular name is on the list. The department may require that the request be made in writing. No person, corporation, organization, or association who is entitled to access the employee disqualification list may disclose the information to any person, corporation, organization, or association who is not entitled to access the list. Any person, corporation, organization, or association who is entitled to the employee disqualification list who discloses the information to any person, corporation, organization, or association who is not entitled to access the list shall be guilty of an infraction.

Signature by Consumer Reporting Agency contact persons will serve as verification that the requesting entity is a Consumer Reporting Agency and agrees to conduct Employee Disqualification List checks in compliance with Section 660.315, RSMo.

REGISTRATION FOR AGENCY APPROVAL TO CONDUCT EDL CHECKS			
BLOCK I – TO BE COMPLETED BY CONSUMER REPORTING AGENCY			
AGENCY CONTACT PERSON		CONTACT TELEPHONE #	
AGENCY NAME		AGENCY TELEPHONE #	
AGENCY EMAIL (IF APPLICABLE)		AGENCY FAX #	
AGENCY ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF AGENCY CONTACT		DATE	
BLOCK II – EDL USE			
NOTES		DATE RECEIVED	
APPROVED BY		CRA APPROVAL NUMBER	
TITLE		APPROVAL DATE	
HOW TO SUBMIT (CHOOSE ONE)			
SCAN AND EMAIL TO: CRA-EDL@health.mo.gov	FAX TO: 573-522-8463	MAIL TO: DHSS ATTN: EDL UNIT PO BOX 570 JEFFERSON CITY MISSOURI 65102-0570	