

**APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer**

*If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

List other names, if any you have used. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(No. Street/P.O. Box) (City) (State) (Zip)

Telephone(s) Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Position(s) Applied for** (Note: Applications for "any" job will not be considered--specific job(s) must be listed)

1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_ 3rd choice: \_\_\_\_\_

How did you hear about this position?  Advertisement  Walk-In  Website  Referral (by whom?) \_\_\_\_\_

Other (explain) \_\_\_\_\_

If offered employment when will you be available to begin? \_\_\_\_\_

What type of employment will you accept?  Full-Time  Per diem

Will you be available for shift work?  Yes  No

Will you be available to work weekends and/or holidays if necessary?  Yes  No

Will you be available to work overtime and/or extra shifts if necessary?  Yes  No

Have you been given a job description or had the requirement of the job explained to you?  Yes  No

Do you understand the job requirements?  Yes  No

Can you perform the requirements of this job with or without reasonable accommodation?  Yes  No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age?  Yes  No

After an offer of employment, can you submit verification of your legal right to work in the United States?  Yes  No

**EDUCATION RECORD**

Did you graduate from high school or receive a GED certificate or equivalent?  Yes  No

School Name	Location	Hours Earned	Major Field of Study	Diploma, Degree, or Certificate
Business/Technical/Vocational 1.				
2.				
College/University (Undergraduate) 1.				
2.				
Graduate School				

**LICENSES** (Optional, unless required for the position for which you are now applying.)

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers and expiration dates. \_\_\_\_\_

For positions requiring driving: Do you possess a valid driver's license?  Yes  No  
If so, license expires \_\_\_\_\_ Class \_\_\_\_\_ Restrictions (if any) \_\_\_\_\_

For positions that require typing: I certify that I can type at a speed of \_\_\_\_\_ WPM.  
List computer programs with which you are familiar: \_\_\_\_\_

In addition to English, list any other language abilities you possess.  
Verbal fluency in \_\_\_\_\_ Written fluency in \_\_\_\_\_

List any special skills you possess and/or equipment or office machines you can operate. \_\_\_\_\_

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**OTHER INFORMATION**

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Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?  
 Yes  No

If yes, list all such offenses. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_  
Court (justice, muni, etc.) \_\_\_\_\_ Location: \_\_\_\_\_  
Disposition of case: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_  
Court (justice, muni, etc.) \_\_\_\_\_ Location: \_\_\_\_\_  
Disposition of case: \_\_\_\_\_

Do you presently use illegal drugs?  Yes  No  
Have you ever been disciplined in your employment related to workplace violence?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been terminated or asked to resign?  Yes  No  
If yes, please explain. \_\_\_\_\_

Have you ever been employed by Mt. Grant General Hospital?  Yes  No  
If yes, please provide the following information: Department \_\_\_\_\_ Position Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Separation \_\_\_\_\_

Are you related to anyone who is currently employed by Mt. Grant General Hospital?  Yes  No

If yes, please provide the following information: Related person's name \_\_\_\_\_  
Relationship \_\_\_\_\_

**EMPLOYMENT HISTORY**

Provide information regarding all paid employment (include military if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.).....  Yes  No

Present Employer \_\_\_\_\_ Present Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

Reason for Leaving \_\_\_\_\_



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**ACKNOWLEDGMENTS**

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Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Jonalee Roberts, Human Resources Department.

- \_\_\_\_\_ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.
- \_\_\_\_\_ This application is the property of Mt. Grant General Hospital and will become part of my personnel file if I am hired.
- \_\_\_\_\_ I authorize Mt. Grant General Hospital to contact any employer or individual that I have listed on my employment application and/or résumé or mentioned during job interviews to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with Mt. Grant General Hospital. In addition, I authorize Mt. Grant General Hospital to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize Mt. Grant General Hospital to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize Mt. Grant General Hospital to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.
- \_\_\_\_\_ In exchange for Mt. Grant General Hospital's consideration of my employment application, and/or any continued employment with Mt. Grant General Hospital, I authorize anyone possessing information to furnish it to Mt. Grant General Hospital upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Mt. Grant General Hospital, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.
- \_\_\_\_\_ I further understand this consent will apply during the entire course of my employment with Mt. Grant General Hospital should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.
- \_\_\_\_\_ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with Mt. Grant General Hospital. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from Mt. Grant General Hospital constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.
- \_\_\_\_\_ Per NRS 281.060(2), I opt to exercise my rights by voluntary attaching a copy of my DD214. NRS 281.060(2) states preference must be given, *if qualifications of applicants are equal*: a) first, to a honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

*Form revised 12/4/2013 jdr*

**Mt. Grant General Hospital  
Professional Reference Form**

Applicant Name: \_\_\_\_\_

**Please list below PROFESSIONAL references such as previous supervisors, employers, co-workers, etc.**

1. Professional Reference Name \_\_\_\_\_  
Relationship (example: Former Supervisor) \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

2. Professional Reference Name \_\_\_\_\_  
Relationship (example: Former Supervisor) \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

3. Professional Reference Name \_\_\_\_\_  
Relationship (example: Former Supervisor) \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

**Applicant: Please complete shaded area ONLY.**

**Request for Employment Information**

**For**

**Mt Grant General Hospital**

**P.O. Box 1510**

**Hawthorne, Nevada 89415**

**775 945 2461 \*\*\* 775 945 0725 fax**

To: \_\_\_\_\_  
Employer Name and Address

From: \_\_\_\_\_  
Employee/former Employee

In accordance with provisions of NRS 41.755, I hereby request that you disclose the information requested below to the Human Resources Department at Mt. Grant General Hospital. I submit this Request voluntarily to supplement my employment application which I understand will be considered with or without this form. I hereby fully release the company, its agents and any person or entity that provides or receives information pursuant to this Affidavit from any and all liability and any damage which may arise there from.

Signature of Employee/former employee \_\_\_\_\_ Date: \_\_\_\_\_

The above named individual has applied for employment with Mt. Grant General Hospital and has named you as a former employer. In order to make an informed hiring decision, we need to know the applicant's work history. Any information that you give will be held in the strictest confidence. Please verify employment by answering the following questions:

How long was the employee with your company? \_\_\_\_\_ All dates of employment: \_\_\_\_\_

What position(s) were held by the employee? \_\_\_\_\_

How was the employee's attendance? \_\_\_\_\_ Was the employee reliable? \_\_\_\_\_

What type(s) of skill did the employee display? \_\_\_\_\_

How was the employee's ability to perform assigned job duties? \_\_\_\_\_

Were there any incidents of workplace violence, drug or alcohol abuse, patient/resident abuse, or any illegal or wrongful act? \_\_\_\_\_

Why did the employee leave your employment? \_\_\_\_\_

Is the employee eligible for rehire? \_\_\_\_\_

Any remarks? \_\_\_\_\_

Information furnished by: \_\_\_\_\_  
Name Title

**\*\*\*Thank you for your cooperation and prompt response.\*\*\***

Updated 09/14/2012

**CRIMINAL HISTORY STATEMENT**

**Mt. Grant General Hospital**

Nevada Revised Statutes 449 requires that employees or independent contractors of an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for treatment of abuse of alcohol or drugs that provide services to children complete this type of statement. These statutes are available online at <http://leg.state.nv.us/NRSINRS-449html>. I acknowledge, pursuant to Chapter 449 of the NRS and Nevada Bureau of Licensure and Certification requirements, I must answer the following statement. **Initial** \_\_\_\_\_

I further understand that in accordance with Chapter 449 of the NRS, if I have been convicted of any of the following, that I cannot be employed or continue to be employment with Mt. Grant General Hospital. **Initial** \_\_\_\_\_

**Read and Initial** each statement in the appropriate column.  
**Have you ever been convicted of:**

**INITIAL BELOW**  
**YES or NO**

- |  |       |       |
|--|-------|-------|
| 1. Murder, voluntary manslaughter or mayhem.   | _____ | _____ |
| 2. Assault or battery with intent to kill or commit sexual assault or mayhem.  | _____ | _____ |
| 3. Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution).   | _____ | _____ |
| 4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.   | _____ | _____ |
| 5. A crime involving domestic violence that is punished as a felony.   | _____ | _____ |
| 6. A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years.  | _____ | _____ |
| 7. Abuse or neglect of child or contributory delinquency.  | _____ | _____ |
| 8. Any violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS, within the immediately preceding 7 years.  | _____ | _____ |
| 9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5092 to NRS 200.50995, inclusive, or a law of any jurisdiction that prohibits the same or similar conduct. | _____ | _____ |
| 10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within in immediately preceding 7 years.  | _____ | _____ |
| 11. A violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan of Medicaid.   | _____ | _____ |
| 12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years.  | _____ | _____ |
| 13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years.  | _____ | _____ |
| 14. Any felony involving the use or threatened use of force or violence against the victim or use of a firearm or other deadly weapon.   | _____ | _____ |
| 15. An attempt or conspiracy to commit any of the offenses listed here in numbers 1 through 14 within the immediately preceding 7 years.   | _____ | _____ |

**I affirm that the statements 1-15 above are true and correct and that intentionally providing incorrect or untruthful information on this form may result in immediate termination from Mt. Grant General Hospital. I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.**

Applicant/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Employee Name (Printed) \_\_\_\_\_



<b>Subject: Reference Checking – Applicant</b>	<b>Policy: #HR012710</b>
<b>Department: Facility – Wide</b>	<b>Page 1 of 1</b>
<b>Approved by: Richard Munger</b>	<b>Effective: Revised: 12/08/2015</b>

## Policy:

It is the policy of Mt. Grant General Hospital to verify and validate background factors on applicants for employment. These factors may include, but are not limited to the following:

- Education pertinent to the job applied for;
- Formal or informal training received related to the job applied for;
- Past work record, including dates of previous employment in a similar position;
- Past work record indicating patterns of attendance and/or reliability from previous employment;
- Verification of licensure and/or registration.

Each employee will complete a request for information regarding previous employment (*reference “Request for Employment Information” form included with the Employment Application*). The applicant will voluntarily submit this supplement to the employment application in order for Mt. Grant General Hospital to obtain information from previous employers and/or current employers or checking with appropriate licensing boards and registries regarding history of job performance, diligence, skill or reliability with which the employee carried out the duties of his/her job; or any illegal or wrongful act committed by the employee.

## Procedures:

### 1. Applicant Reference Check

Once an applicant has been deemed acceptable for employment by the interview panel and/or the Human Resources, the reference request will be initiated. The Request for Employment Information form will be mailed and faxed to the current/previous employer(s). A telephone reference will be conducted by the Supervisor or Human Resources if the form is not received within two weeks. This action is documented on the Request for Employment Information and maintained in the Employee’s personnel file.

Any completed Request for Employment Information forms will be reviewed by Human Resources and the interviewer. The form will then be filed in the interview file or in the personnel file if that person is employed.

### **NRS 41.755 Limitations on liability of employer who discloses information regarding employee to prospective employer of employee; exceptions.**

1. Except as otherwise provided in subsection 3, an employer who, at the request of an employee, discloses information regarding:
    - (a) The ability of the employee to perform the employee’s job;
    - (b) The diligence, skill or reliability with which the employee carried out the duties of the employee’s job; or
    - (c) An illegal or wrongful act committed by the employee,

→ to a prospective employer of that employee is immune from civil liability for such disclosure and its consequences.
  2. Except as otherwise provided in subsection 3, an employer who discloses information regarding an employee to a public safety agency pursuant to NRS 239B.020 is immune from civil liability for such disclosure and its consequences.
  3. An employer is not immune from civil liability for a disclosure made pursuant to subsection 1 or NRS 239B.020 or for the consequences of a disclosure made pursuant to subsection 1 or NRS 239B.020 if the employer:
    - (a) Acted with malice or ill will;
    - (b) Disclosed information that the employer believed was inaccurate;
    - (c) Disclosed information which the employer had no reasonable grounds for believing was accurate;
    - (d) Recklessly or intentionally disclosed inaccurate information;
    - (e) Deliberately disclosed misleading information; or
    - (f) Disclosed information in violation of a state or federal law or in violation of an agreement with the employee.
  4. As used in this section:
    - (a) “Employee” means a person who currently renders or previously rendered time and services to an employer.
    - (b) “Employer” includes an employee or agent of an employer who is authorized by the employer to disclose information regarding an employee.
    - (c) “Public safety agency” has the meaning ascribed to it in NRS 239B.020.
- (Added to NRS by 1997, 1235; A 1999, 1909; 2007, 1048)

<b>Subject: Investigation of Criminal History</b>	<b>Policy: #2438 B</b>
<b>Department: Facility – Wide</b>	<b>Page 1 of 1</b>
<b>Approved by: Richard Munger</b>	<b>Effective: Revised: 11/18/2014</b>

**Policy:**

It is the policy of Mt. Grant General Hospital to verify and validate the background of each employee and independent contractor concerning criminal history using the Nevada’s Automated Background System (NABS).

Within ten (10) days after being selected for a position an employee or ten (10) days after entering into a contract with an independent contractor Mt. Grant General Hospital shall:

1. Obtain a written statement from the employee/independent contractor stating whether he/she has been convicted of any crime listed in NRS 449.174 (*reference the “Conviction Questionnaire” form included with the Employment Application*).
2. Individual will complete the Fingerprint Information Form and provide an unexpired photo ID such as a driver’s license, state ID card, passport, etc.
3. Individual will complete written authorization (*reference: Notice of Noncriminal Justice Applicant’s Right’s, Consents and Self Disclosure of Criminal History*).
4. After individual’s information has been entered into the NABS system, employee/independent contractor will have ten (10) calendar days to present the Fingerprinting Authorization Form at a qualified fingerprint agency to obtain fingerprints for electronic submission to the Department of Public Safety for State and Federal Bureau of Investigations criminal background clearance.
5. Individual will return to Human Resources the completed Fingerprinting Authorization Form and one fingerprint card for proof of electronic submission.
6. Human Resources will be responsible for filing all records concerning criminal history to include copy of fingerprint cards submitted and all information received from the Department of Public Safety. Copies of the results from the Department of Public Safety may not be copied for any purpose and must remain in the possession of Human Resources or the Administrator or designee.
7. If any employee/independent contractor receives a “not eligible” finding from the Department of Public Safety, the following steps will be taken:
  - a. Administrator or designee will be notified immediately.
  - b. The employee/independent contractor will be notified of the “not eligible” finding.
  - c. The employee/independent may choose to challenge the finding by completing a “Criminal History Repository Challenge Form” if he/she feels the information is incorrect.
  - d. In accordance with NRS 205 and NRS 449 the employee/independent contractor must be terminated based on a “not eligible” finding.
8. If any employee/independent contractor receives an “undetermined” finding from the Department of Public Safety, the following steps will be taken:
  - a. The Administrator or designee will be notified.
  - b. The employee/independent contractor will be notified of the “undetermined” finding and will be required to submit a Criminal History Repository Challenge form by fax within ten days of receipt of the “undetermined” finding. A copy of the fax receipt will be placed in the employee/independent contractor’s file.
  - c. The employee/independent contractor will be required to work with the Department of Public Safety to identify the information that is required to make a final determination of whether the employee is cleared or not cleared to work.
  - d. The employee/independent contractor may provide a certified letter from the court of jurisdiction stating the information could not be obtained.
  - e. The employee/independent contractor will notify Human Resources of any correspondence received regarding the challenge(s).

- f. The employee/independent contractor must comply with the regulations. If he/she refuses (willfully fails) to comply with the regulations he or she shall be terminated from employment.
  - g. In accordance with NRS 205 and NRS 449 the employee may be terminated based on a “not eligible” finding.
9. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.
10. Criminal History Investigations will be conducted on all employees/independent contractors every five years of employment.

## BACKGROUND INVESTIGATIONS

### **NRS 449.122 Investigation of applicant for license to operate facility, hospital, agency, program or home.**

1. Each applicant for a license to operate a facility, hospital, agency, program or home shall submit to the Central Repository for Nevada Records of Criminal History one complete set of fingerprints for submission to the Federal Bureau of Investigation for its report.

2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174 and immediately inform the administrator of the facility, hospital, agency, program or home, if any, and the Division of whether the applicant has been convicted of such a crime.

3. A person who holds a license to operate a facility, hospital, agency, program or home which provides residential services to children shall submit to the Central Repository for Nevada Records of Criminal History one complete set of fingerprints for a report required by this section at least once every 5 years after the initial investigation.

(Added to NRS by 1997, 442; A 2009, 504; 2011, 3556; 2013, 2890)—(Substituted in revision for NRS 449.176)

### **NRS 449.124 Maintenance and availability of certain records regarding employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home.**

1. Each facility, hospital, agency, program or home shall maintain records of the information concerning its employees, employees of a temporary employment service and independent contractors collected pursuant to NRS 449.123, including, without limitation:

(a) A copy of the fingerprints that were submitted to the Central Repository for Nevada Records of Criminal History or proof of electronic fingerprint submission and a copy of the written authorization that was provided by the employee, employee of the temporary employment service or independent contractor;

(b) Proof that the fingerprints of the employee, employee of the temporary employment service or independent contractor were submitted to the Central Repository; and

(c) Any other documentation of the information collected pursuant to NRS 449.123.

2. The records maintained pursuant to subsection 1 must be:

(a) Maintained for the period of the employment of the person with the facility, hospital, agency, program or home; and

(b) Made available for inspection by the Division at any reasonable time, and copies thereof must be furnished to the Division upon request.

3. If an Internet website has been established pursuant to NRS 439.942, a facility, hospital, agency, program or home shall

maintain a current list of its employees, employees of a temporary employment service and independent contractors on the Internet website.

4. The Central Repository for Nevada Records of Criminal History may maintain an electronic image of fingerprints submitted pursuant to NRS 449.122 and 449.123 to notify a facility, hospital, agency, program or home and the Division of any subsequent conviction of a person who is required to submit to an investigation pursuant to NRS 449.122 or 449.123.

(Added to NRS by 1997, 443; A 1999, 1947; 2005, 2171; 2009, 505; 2011, 3558; 2013, 2893)—(Substituted in revision for NRS 449.182)

### **NRS 449.125 Termination of employment or contract of employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home who has been convicted of certain crime; period in which to correct information regarding conviction; liability of facility, hospital, agency, program or home.**

1. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 449.123, or evidence from any other source, that an employee, employee of a temporary employment service or independent contractor of a facility, hospital, agency, program or home:

(a) Has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174; or

(b) Has had a substantiated report of abuse or neglect made against him or her, if he or she is employed at a facility, hospital, agency, program or home that provides residential services to children,

the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall terminate the employment or contract of that person or notify the temporary employment service that its employee is prohibited from providing services for the facility, hospital, agency, program or home after allowing the person time to correct the information as required pursuant to subsection 2.

2. If an employee, employee of a temporary employment service or independent contractor believes that the information provided by the Central Repository is incorrect, the employee, employee of the temporary employment service or independent contractor may immediately inform the facility, hospital, agency, program or home or temporary employment service. The facility, hospital, agency, program, home or temporary employment service that is so informed shall give the employee, employee of the temporary employment service or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the Central Repository before terminating the employment or contract of the person pursuant to subsection 1.

3. A facility, hospital, agency, program or home that has complied with NRS 449.123 may not be held civilly or criminally liable based solely upon the ground that the facility,

hospital, agency, program or home allowed an employee, employee of a temporary employment service or independent contractor to work:

(a) Before it received the information concerning the employee, employee of the temporary employment service or independent contractor from the Central Repository, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision before such information is received;

(b) During the period required pursuant to subsection 2 to allow the employee, employee of the temporary employment service or independent contractor to correct that information, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision during such period;

(c) Based on the information received from the Central Repository, if the information received from the Central Repository was inaccurate; or

(d) Any combination thereof.

↪ A facility, hospital, agency, program or home may be held liable for any other conduct determined to be negligent or unlawful.

(Added to NRS by 1997, 443; A 1999, 1948; 2005, 2171; 2009, 505; 2011, 3558; 2013, 2894)—(Substituted in revision for NRS 449.185)

#### **NRS 449.174 Additional grounds for denial, suspension or revocation of license to operate certain facility, hospital, agency, program or home.**

1. In addition to the grounds listed in NRS 449.160, the Division may deny a license to operate a facility, hospital, agency, program or home to an applicant or may suspend or revoke the license of a licensee to operate such a facility, hospital, agency, program or home if:

(a) The applicant or licensee has been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault or battery with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;

(4) Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;

(5) A crime involving domestic violence that is punished as a felony;

(6) A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;

(7) Abuse or neglect of a child or contributory delinquency;

(8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years;

(9) Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;

(10) A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;

(11) A violation of any provision of NRS 422.450 to 422.590, inclusive;

(12) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;

(13) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;

(14) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or

(15) An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years;

(b) The licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a); or

(c) The applicant or licensee has had a substantiated report of child abuse or neglect made against him or her and if the facility, hospital, agency, program or home provides residential services to children.

2. In addition to the grounds listed in NRS 449.160, the Division may suspend or revoke the license of a licensee to operate an agency to provide personal care services in the home or an agency to provide nursing in the home if the licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.

3. As used in this section:

(a) "Domestic violence" means an act described in NRS 33.018.

(b) "Facility, hospital, agency, program or home" has the meaning ascribed to it in NRS 449.119.

(c) "Medicaid" has the meaning ascribed to it in NRS 439B.120.

(d) "Medicare" has the meaning ascribed to it in NRS 439B.130.

(Added to NRS by 1997, 444; A 1999, 1948; 2005, 2171; 2007, 652, 2401; 2009, 506; 2013, 2895)—(Substituted in revision for NRS 449.188)

#### **ABUSE, NEGLECT, EXPLOITATION OR ISOLATION OF OLDER PERSONS AND VULNERABLE PERSONS**

**NRS 200.5091 Policy of State.** It is the policy of this State to provide for the cooperation of law enforcement officials, courts of competent jurisdiction and all appropriate state agencies providing human services in identifying the abuse, neglect, exploitation and isolation of older persons and vulnerable persons through the complete reporting of abuse, neglect, exploitation and isolation of older persons and vulnerable persons.

(Added to NRS by 1981, 1334; A 1997, 1348; 2005, 1107)

**NRS 200.5092 Definitions.** As used in NRS 200.5091 to 200.50995, inclusive, unless the context otherwise requires:

1. "Abuse" means willful and unjustified:

(a) Infliction of pain, injury or mental anguish on an older person or a vulnerable person; or

(b) Deprivation of food, shelter, clothing or services which are necessary to maintain the physical or mental health of an older person or a vulnerable person.

2. "Exploitation" means any act taken by a person who has the trust and confidence of an older person or a vulnerable person

or any use of the power of attorney or guardianship of an older person or a vulnerable person to:

(a) Obtain control, through deception, intimidation or undue influence, over the older person's or vulnerable person's money, assets or property with the intention of permanently depriving the older person or vulnerable person of the ownership, use, benefit or possession of his or her money, assets or property; or

(b) Convert money, assets or property of the older person or vulnerable person with the intention of permanently depriving the older person or vulnerable person of the ownership, use, benefit or possession of his or her money, assets or property.

➤ As used in this subsection, "undue influence" does not include the normal influence that one member of a family has over another.

3. "Isolation" means willfully, maliciously and intentionally preventing an older person or a vulnerable person from having contact with another person by:

(a) Intentionally preventing the older person or vulnerable person from receiving visitors, mail or telephone calls, including, without limitation, communicating to a person who comes to visit the older person or vulnerable person or a person who telephones the older person or vulnerable person that the older person or vulnerable person is not present or does not want to meet with or talk to the visitor or caller knowing that the statement is false, contrary to the express wishes of the older person or vulnerable person and intended to prevent the older person or vulnerable person from having contact with the visitor; or

(b) Physically restraining the older person or vulnerable person to prevent the older person or vulnerable person from meeting with a person who comes to visit the older person or vulnerable person.

➤ The term does not include an act intended to protect the property or physical or mental welfare of the older person or vulnerable person or an act performed pursuant to the instructions of a physician of the older person or vulnerable person.

4. "Neglect" means the failure of:

(a) A person who has assumed legal responsibility or a contractual obligation for caring for an older person or a vulnerable person or who has voluntarily assumed responsibility for his or her care to provide food, shelter, clothing or services which are necessary to maintain the physical or mental health of the older person or vulnerable person; or

(b) An older person or a vulnerable person to provide for his or her own needs because of inability to do so.

5. "Older person" means a person who is 60 years of age or older.

6. "Protective services" means services the purpose of which is to prevent and remedy the abuse, neglect, exploitation and isolation of older persons. The services may include investigation, evaluation, counseling, arrangement and referral for other services and assistance.

7. "Vulnerable person" means a person 18 years of age or older who:

(a) Suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or

(b) Has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living.

(Added to NRS by 1981, 1334; A 1983, 1359, 1652; 1995, 2250; 1997, 1348; 1999, 3517; 2003, 491; 2005, 1108)

**NRS 200.5093 Report of abuse, neglect, exploitation or isolation of older person; voluntary and mandatory reports; investigation; penalty. [Effective January 1, 2014.]**

1. Any person who is described in subsection 4 and who, in a professional or occupational capacity, knows or has reasonable cause to believe that an older person has been abused, neglected, exploited or isolated shall:

(a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation or isolation of the older person to:

(1) The local office of the Aging and Disability Services Division of the Department of Health and Human Services;

(2) A police department or sheriff's office;

(3) The county's office for protective services, if one exists in the county where the suspected action occurred; or

(4) A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person has been abused, neglected, exploited or isolated.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation or isolation of the older person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission.

3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, alcohol and drug abuse counselor, music therapist, athletic trainer, driver of an ambulance, paramedic, licensed dietitian or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person who appears to have been abused, neglected, exploited or isolated.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation or isolation of an older person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide personal care services in the home.

(e) Every person who maintains or is employed by an agency to provide nursing in the home.

(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(g) Any employee of the Department of Health and Human Services.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation or isolation of an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) Any person who owns or is employed by a funeral home or mortuary.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person has died as a result of abuse, neglect or isolation, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:

(a) Aging and Disability Services Division;

(b) Repository for Information Concerning Crimes Against Older Persons created by NRS 179A.450; and

(c) Unit for the Investigation and Prosecution of Crimes.

8. If the investigation of a report results in the belief that an older person is abused, neglected, exploited or isolated, the Aging and Disability Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person if the older person is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons in the Office of the Attorney General created pursuant to NRS 228.265.

(Added to NRS by 1981, 1334; A 1983, 1653; 1985, 1491; 1987, 2130, 2218; 1989, 904; 1991, 135; 1993, 2226; 1995, 2250; 1997, 108, 1349, 2608, 2610, 2637, 2639; 1999, 137, 2242, 2245, 2248, 3518; 2001, 158, 161, 776; 2003, 905; 2005, 1109, 2172; 2007, 746, 1224, 1849, 3080; 2009, 2372, 2445, 2992; 2011, 1093, 1514; 2013, 141, 953, effective January 1, 2014)

**NRS 200.50955 Law enforcement agency: Required to act promptly in obtaining certain warrants.** A law enforcement agency shall promptly seek to obtain a warrant for the arrest of any person the agency has probable cause to believe

is criminally responsible for the abuse, neglect, exploitation or isolation of an older person or a vulnerable person.

(Added to NRS by 1997, 1348; A 2005, 1112)

## State Plan for Medicaid

**NRS 422.450 Definitions.** As used in NRS 422.450 to 422.590, inclusive, unless the context otherwise requires, the words and terms defined in NRS 422.460 to 422.525, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 1991, 1048; A 1997, 456)

**NRS 422.460 "Benefit" defined.** "Benefit" means a benefit authorized by the Plan.

(Added to NRS by 1991, 1048)

**NRS 422.470 "Claim" defined.** "Claim" means a communication, whether oral, written, electronic or magnetic, which is used to identify specific goods, items or services as reimbursable pursuant to the Plan, or which states income or expense and is or may be used to determine a rate of payment pursuant to the Plan.

(Added to NRS by 1991, 1048)

**NRS 422.480 "Plan" defined.** "Plan" means the State Plan for Medicaid established pursuant to NRS 422.271.

(Added to NRS by 1991, 1048; A 1993, 2067; 1997, 1245)

**NRS 422.490 "Provider" defined.** "Provider" means a:

1. Person who has applied to participate or who participates in the Plan as the provider of goods or services; or

2. Private insurance carrier, health care cooperative or alliance, health maintenance organization, insurer, organization, entity, association, affiliation or person, who contracts to provide or provides goods or services that are reimbursed by or are a required benefit of the Plan.

(Added to NRS by 1991, 1048; A 1997, 456)

**NRS 422.500 "Recipient" defined.** "Recipient" means a natural person who receives benefits pursuant to the Plan.

(Added to NRS by 1991, 1048)

**NRS 422.510 "Records" defined.** "Records" means medical, professional or business records relating to the treatment or care of a recipient, or to a good or a service provided to a recipient, or to rates paid for such a good or a service, and records required to be kept by the Plan.

(Added to NRS by 1991, 1048)

**NRS 422.520 "Sign" defined.** "Sign" means to affix a signature directly or indirectly by means of handwriting, typewriter, stamp, computer impulse or other means.

(Added to NRS by 1991, 1048)

**NRS 422.525 "Statement or representation" defined.** "Statement or representation" includes, without limitation, a report, claim, certification, acknowledgment or ratification of:

1. Financial information;

2. An enrollment claim;

3. Demographic statistics;

4. Encounter data;

5. Health services available or rendered;

6. The qualifications of the persons rendering the health care or ancillary services; or

7. Any combination of subsections 1 to 6, inclusive.  
(Added to NRS by 1997, 456)

**NRS 422.530 Responsibility for false claim, statement or representation.** For the purposes of NRS 422.540 and 422.550:

1. A person shall be deemed to have known that a claim, statement or representation was false if the person knew, or by virtue of his or her position, authority or responsibility had reason to know, of the falsity of the claim, statement or representation.

2. A person shall be deemed to have made or caused to be made a claim, statement or representation if the person:

(a) Had the authority or responsibility to:

(1) Make the claim, statement or representation;

(2) Supervise another who made the claim, statement or representation; or

(3) Authorize the making of the claim, statement or representation,

↳ whether by operation of law, business or professional practice, or office procedure; and

(b) Exercised that authority or responsibility or failed to exercise that authority or responsibility and, as a direct or indirect result, the false claim, statement or representation was made.

(Added to NRS by 1991, 1048; A 1997, 456)

**NRS 422.540 Offenses regarding false claims, statements or representations; penalties.**

1. A person, with the intent to defraud, commits an offense if with respect to the Plan the person:

(a) Makes a claim or causes it to be made, knowing the claim to be false, in whole or in part, by commission or omission;

(b) Makes or causes to be made a statement or representation for use in obtaining or seeking to obtain authorization to provide specific goods or services, knowing the statement or representation to be false, in whole or in part, by commission or omission;

(c) Makes or causes to be made a statement or representation for use by another in obtaining goods or services pursuant to the Plan, knowing the statement or representation to be false, in whole or in part, by commission or omission; or

(d) Makes or causes to be made a statement or representation for use in qualifying as a provider, knowing the statement or representation to be false, in whole or in part, by commission or omission.

2. A person who commits an offense described in subsection 1 shall be punished for a:

(a) Category D felony, as provided in NRS 193.130, if the amount of the claim or the value of the goods or services obtained or sought to be obtained was greater than or equal to \$650.

(b) Misdemeanor if the amount of the claim or the value of the goods or services obtained or sought to be obtained was less than \$650.

↳ Amounts involved in separate violations of this section committed pursuant to a scheme or continuing course of conduct may be aggregated in determining the punishment.

3. In addition to any other penalty for a violation of the commission of an offense described in subsection 1, the court shall order the person to pay restitution.

(Added to NRS by 1991, 1049; A 1997, 457; 2011, 174)

**NRS 422.550 Statement regarding truth and accuracy of applications, reports and invoices; perjury; presumption concerning person who signs statement on behalf of provider.**

1. Each application or report submitted to participate as a provider, each report stating income or expense upon which rates of payment are or may be based, and each invoice for payment for goods or services provided to a recipient must contain a statement that all matters stated therein are true and accurate, signed by a natural person who is the provider or is authorized to act for the provider, under the pains and penalties of perjury.

2. A person is guilty of perjury which is a category D felony and shall be punished as provided in NRS 193.130 if the person signs or submits, or causes to be signed or submitted, such a statement, knowing that the application, report or invoice contains information which is false, in whole or in part, by commission or by omission.

3. For the purposes of this section, a person who signs on behalf of a provider is presumed to have the authorization of the provider and to be acting at the direction of the provider.

(Added to NRS by 1991, 1049; A 1995, 1274; 1997, 457)

**NRS 422.560 Offenses regarding sale, purchase or lease of goods, services, materials or supplies; penalty.**

1. Except as otherwise provided in subsection 2, a person shall not:

(a) While acting on behalf of a provider, purchase or lease goods, services, materials or supplies for which payment may be made, in whole or in part, pursuant to the Plan, and solicit or accept anything of additional value in return for or in connection with the purchase or lease;

(b) Sell or lease to or for the use of a provider goods, services, materials or supplies for which payment may be made, in whole or in part, pursuant to the Plan, and offer, transfer or pay anything of additional value in connection with or in return for the sale or lease; or

(c) Refer a person to a provider for goods or services for which payment may be made, in whole or in part, pursuant to the Plan, and solicit or accept anything of value in connection with the referral.

2. Paragraphs (a) and (b) of subsection 1 do not apply if the additional value transferred is:

(a) A refund or discount made in the ordinary course of business;

(b) Reflected by the books and records of the person transferring or receiving it; and

(c) Reflected in the billings submitted to the Plan.

3. A person shall not, while acting on behalf of a provider providing goods or services to a recipient pursuant to the Plan, charge, solicit, accept or receive anything of additional value in addition to the amount legally payable pursuant to the Plan in connection with the provision of the goods or services.

4. A person who violates this section, if the value of the thing or any combination of things unlawfully solicited, accepted, offered, transferred, paid, charged or received:

(a) Is less than \$650, is guilty of a gross misdemeanor.

(b) Is \$650 or more, is guilty of a category D felony and shall be punished as provided in NRS 193.130.

(Added to NRS by 1991, 1049; A 1995, 1275; 2011, 175)

**NRS 422.570 Intentional failure to maintain adequate records; intentional destruction of records; penalties.**

1. A person is guilty of a gross misdemeanor if, upon submitting a claim for or upon receiving payment for goods or services pursuant to the Plan, the person intentionally fails to maintain such records as are necessary to disclose fully the nature of the goods or services for which a claim was submitted or payment was received, or such records as are necessary to

disclose fully all income and expenditures upon which rates of payment were based, for at least 5 years after the date on which payment was received.

2. A person who intentionally destroys such records within 5 years after the date payment was received is guilty of a category D felony and shall be punished as provided in NRS 193.130.

(Added to NRS by 1991, 1050; A 1995, 1275)

**NRS 422.580 Civil penalties for certain violations; liability of provider for excess amount unknowingly accepted; enforcement; use of money collected as penalty or repayment.**

1. A provider who receives payment to which the provider is not entitled by reason of a violation of NRS 422.540, 422.550, 422.560 or 422.570 is liable for:

(a) An amount equal to three times the amount unlawfully obtained;

(b) Not less than \$5,000 for each false claim, statement or representation;

(c) An amount equal to three times the total of the reasonable expenses incurred by the State in enforcing this section; and

(d) Payment of interest on the amount of the excess payment at the rate fixed pursuant to NRS 99.040 for the period from the date upon which payment was made to the date upon which repayment is made pursuant to the Plan.

2. A criminal action need not be brought against the provider before civil liability attaches under this section.

3. A provider who unknowingly accepts a payment in excess of the amount to which the provider is entitled is liable for the repayment of the excess amount. It is a defense to any action brought pursuant to this subsection that the provider returned or attempted to return the amount which was in excess of that to which the provider was entitled within a reasonable time after receiving it.

4. The Attorney General shall cause appropriate legal action to be taken on behalf of the State to enforce the provisions of this section.

5. Any penalty or repayment of money collected pursuant to this section is hereby appropriated to provide medical aid to the indigent through programs administered by the Department.

(Added to NRS by 1991, 1050; A 1997, 458; 1999, 2233)