



APPLICATION FOR EMPLOYMENT

We appreciate your interest in Health Network Laboratories.

Our mission is to be the regional leader in laboratory medicine. We have been providing laboratory services to our community for over 25 years and are committed to providing superior technical and customer service.

Health Network Laboratories operates with values that guide our actions and help us fulfill our mission:

- ◄ *We value professional conduct*
 - *commitment to our customers and professions*
 - *personal integrity*
 - *honesty*
 - *respect for our customers and each other*
 - *compassion for those who depend on our service*
- ◄ *We value teamwork.*
- ◄ *We value quality in all we do and, foremost, meeting the requirements of our customers.*
- ◄ *We value personal accountability and the trust it engenders.*
- ◄ *We value forthright and honest communication.*

We are looking for individuals who will support and believe these values and who can carry out our service promise: *"I promise to provide our customers with personalized quality laboratory services. I will listen and respond to our customers needs with compassion, honesty and integrity."*

What we expect from you:

- ◄ Preferred candidate will exhibit superior technical **AND** customer service abilities.
- ◄ Preferred candidate will exhibit high standards of ethical behavior.
- ◄ Candidates must have a pre-employment physical which includes drug screening. Any "positive" drug screen will automatically result in a disqualification for employment.
- ◄ We will perform a background review of candidates to check for, among other things, criminal offenses and Medicare fraud and abuse.
- ◄ Preferred candidates are expected to be neat, well-groomed and maintain an overall professional appearance.

What you can expect from us:

- ◄ We value your time in submitting an application. We attempt to acknowledge every application. We maintain applications for up to one year.
- ◄ If your background meets the expectations for a current position, we will contact you.

Your signature below shows your understanding, agreement and commitment to the above.

Signature

Date

Health Network Laboratories, ATTN: Human Resources, 2024 Lehigh Street, Allentown, PA 18103-4798
Phone: 610-402-5588; FAX: 610-402-5521
www.healthnetworklabs.com
Job Hotline 610-402-5969



Application for Employment

Please print or type. Complete ALL Questions

Date: _____

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	M.I.:
PRESENT ADDRESS: (Street, City, State, Zip)		
PREVIOUS ADDRESS: (Street, City, State, Zip)		SS#:
HOME PHONE:	DAY TIME PHONE:	E-MAIL ID:
Are your past work records under a different name from the one on this application? <input type="checkbox"/> Yes (If Yes, provide name below) <input type="checkbox"/> No		
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a misdemeanor or felony since your 16th birthday? <input type="checkbox"/> Yes (If Yes, please provide details below:) <input type="checkbox"/> No		
Do you have an immediate relative working here? <input type="checkbox"/> Yes (If Yes, please identify: _____) <input type="checkbox"/> No		
Have you been previously employed by HNL or LVHN? <input type="checkbox"/> Yes (If Yes, under what name: _____) <input type="checkbox"/> No		
Are you willing and able to travel between our multiple sites in the Lehigh Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION DESIRED

Position Title:	<input type="checkbox"/> FT <input type="checkbox"/> Other <input type="checkbox"/> PT <input type="checkbox"/> Flexible Hours/Week _____	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Rotation <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Flexible	Do you have any shift rotation limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please identify: _____
What experience/abilities make you qualified for this position? _____ _____ _____ _____ _____ _____ _____		Why are you interested in working at Health Network Laboratories? _____ _____ _____ _____ _____ _____ _____	

EDUCATION

TYPE OF SCHOOL	SCHOOL NAME & ADDRESS	DID YOU GRADUATE?	MAJOR COURSE OF STUDY	DIPLOMA/DEGREE/CERTIFICATE
High School or GED*				
Business/Technical/College/University				
Business/Technical/College/University				

* Was GED earned in English Yes No

Nursing and other Licensed/Registered Professional applicant License or Registration ID Number:

JOB RELATED SKILLS

List any other skills and/or qualifications which would relate to the position you seek, e.g., secretarial, office, clerical, technical, job-related foreign language proficiency, data processing, programming, languages, etc.



WORK HISTORY					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current or last Employer					
Supervisor's Name		Phone			
Complete Address					
Position Title					
Major Duties					
Accomplishments					
Reasons for Leaving					
From: Month/Year	To: Month/Year	Beginning Salary: \$	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
		Last Salary: \$	<input type="checkbox"/> Temporary <input type="checkbox"/> Other		
WORK HISTORY (Cont'd)					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current or last Employer					
Supervisor's Name		Phone			
Complete Address					
Position Title					
Major Duties					
Accomplishments					
Reasons for Leaving					
From: Month/Year	To: Month/Year	Beginning Salary: \$	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
		Last Salary: \$	<input type="checkbox"/> Temporary <input type="checkbox"/> Other		
WORK HISTORY (Cont'd)					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current or last Employer					
Supervisor's Name		Phone			
Complete Address					
Position Title					
Major Duties					
Accomplishments					
Reasons for Leaving					
From: Month/Year	To: Month/Year	Beginning Salary: \$	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
		Last Salary: \$	<input type="checkbox"/> Temporary <input type="checkbox"/> Other		
REFERENCES					
NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN	RELATIONSHIP
1.					
2.					
3.					
* PLEASE LIST THREE PEOPLE UNRELATED TO YOU					



TELL US MORE ABOUT YOU

1. If you have been part of a team, what did you like best? What did you like least?

2. Describe what you consider to be great customer service:

3. What did you do to correct a situation when a customer was not happy with the service you provided?

PRE-EMPLOYMENT AFFIDAVIT

Please read carefully and sign

I acknowledge that all information that I have supplied with respect to and in this application is true and accurate, and I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, withdrawal of an offer of employment, or immediate termination of employment, whenever and however discovered.

I hereby specifically consent to and authorize HNL to fully investigate my background and suitability for the position for which I am applying, including any and all references, available criminal and other judicial records, and my credit record. I authorize HNL to use all legal means at its disposal to assess my suitability for employment.

I voluntarily consent to HNL making a thorough investigation of my past employment. To this end, I understand and agree that HNL, any agent acting on its behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for such disclosure.

I understand and agree that HNL maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I will be required to undergo a pre-employment medical examination, including, but not limited to, drug and/or alcohol screening and testing, designed to ascertain my suitability for the position for which I am being considered.

I understand and agree that, if hired, my employment will be at-will and that either I or HNL can terminate the employment relationship at any time, with or without cause and with or without notice.

If employed, I understand that I will be required to complete an Employment Verification Form (I-9) and within three (3) days show satisfactory evidence of identity and eligibility for employment. Health Network Laboratories has adopted standard precautions in the delivery of patient care to all patients, irrespective of their diagnoses and has carefully and consciously developed procedures to safeguard the workplace for our employees.

I have read, understand and agree to this statement.

Date _____ Applicant's Signature _____

CRIMINAL BACKGROUND CHECK CERTIFICATION

(For Persons providing services in nursing home facilities)

Pursuant to the Pennsylvania Older Adults Protective Services Act (35 P.S. §§ 10225.101 et seq.) and in accordance with the Clinical Laboratory Compliance Guidelines issued by the Office of Inspector General, Health and Human Services, I, _____.

I have applied for a position with Health Network Laboratories, L.P.;

I understand that in order to be eligible for employment in that position, I must have a criminal background check done as proof that I have not been convicted of any of the crimes listed in attachment A or attachment B hereto;

I understand that if I have been convicted of any of these crimes, I am not eligible for employment; and

In order to commence employment prior to the completion of the criminal background check, I hereby certify that I have never been convicted of any of the crimes listed in attachment A or attachment B.

Date: _____

Signature of Applicant

Attachment A

Federal Crimes resulting in Mandatory Exclusion from participation in Federal Health Care Programs

Separately Attached

**MED-LAW, MED-GUIDE ¶16,457B, Soc. Sec. Act §1128,
Exclusion of Certain Individuals and Entities From Participation in Medicare and State Health Care Programs**

© 2008, CCH INCORPORATED, All Rights Reserved. A WoltersKluwer Company

Exclusion of Certain Individuals and Entities From Participation in Medicare and State Health Care Programs

[42 U.S.C. §1320a-7]

MANDATORY EXCLUSION 1128(a) The Secretary shall exclude the following individuals and entities from participation in Federal health care program (as defined in section 1128B(f)):

CONVICTION OF PROGRAM-RELATED CRIMES 1128(a)(1) Any individual or entity that has been convicted of a criminal offense related to the delivery of an item of service under title XVIII or under any State health care program.

CONVICTION RELATING TO PATIENT ABUSE 1128(a)(2) Any individual or entity that has been convicted, under Federal or State law, of a criminal offense relating to neglect or abuse of patients in connection with the delivery of a health care item or service.

FELONY CONVICTION RELATING TO HEALTH CARE FRAUD 1128 (a)(3) Any individual or entity that has been convicted for an offense which occurred after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996, under Federal or State law, in connection with the delivery of a health care item or service or with respect to any act or omission in a health care program (other than those specifically described in paragraph (1)) operated by or financed in whole or in part by any Federal, State, or local government agency, of a criminal offense consisting of a felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct.

FELONY CONVICTION RELATING TO CONTROLLED SUBSTANCE 1128(a)(4) Any individual or entity that has been convicted for an offense which occurred after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996, under Federal or State law, of a criminal offense consisting of a felony relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

PERMISSIVE EXCLUSION 1128(b) The Secretary may exclude the following individuals and entities from participation in any Federal health care program (as defined in section 1128B(f)):

CONVICTION RELATING TO FRAUD 1128(b)(1) Any individual or entity that has been convicted for an offense which occurred after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996, under Federal or State law –

1128(b)(1)(A) of a criminal offense consisting of a misdemeanor relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct –

1128(b)(1)(A)(i) in connection with the delivery of a health care item or service; or

1128(b)(1)(A)(ii) with respect to any act or omission in a health care program (other than those specifically described in subsection (a)(1)) operated by or financed in whole or in part by any Federal, State, or local government agency; or

1128(b)(1)(B) of a criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct with respect to any act or omission in a program (other than a health care program) operated by or financed in whole or in part by any Federal, State, or local government agency.

CONVICTION RELATING TO OBSTRUCTION OF AN INVESTIGATION 1128(b)(2) Any individual or entity that has been convicted, under Federal or State law, in connection with the interference with or obstruction of any investigation into any criminal offense described in paragraph (1) or in subsection (a).

MISDEMEANOR CONVICTION RELATING TO CONTROLLED SUBSTANCE 1128(b)(3) Any individual or entity that has been convicted, under Federal or State law, of a criminal offense consisting of a misdemeanor or relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

LICENSE REVOCATION OR SUSPENSION 1128(b)(4) Any individual or entity –

1128(b)(4)(A) whose license to provide health care has been revoked or suspended by any State licensing authority, or who otherwise lost such a license or the right to apply for or renew such a license, for reasons bearing on the individual's or entity's professional competence, professional performance, or financial integrity, or

1128(b)(4)(B) who surrendered such a license while a formal disciplinary proceeding was pending before such an authority and the proceeding concerned the individual's or entity's professional competence, professional performance, or financial integrity.

EXCLUSION OR SUSPENSION UNDER FEDERAL OR STATE HEALTH CARE PROGRAM 1128(b)(5) Any individual or entity which has been suspended or excluded from participation, or otherwise sanctioned, under –

1128(b)(5)(A) any federal program, including programs of the Department of Defense or the Veterans' Administration, involving the provision of health care, or

1128(b)(5)(B) a State health care program, for reasons bearing on the individual's or entity's professional competence, professional performance, or financial integrity.

CLAIMS FOR EXCESSIVE CHARGES OR UNNECESSARY SERVICES AND FAILURE OF CERTAIN ORGANIZATIONS TO FURNISH MEDICALLY NECESSARY SERVICES 1128(b)(6) Any individual or entity that the Secretary determines –

1128(b)(6)(A) has submitted or caused to be submitted bills or requests for payment (where such bills or requests are based on charges or cost) under title XVIII or a State health care program containing charges (or, in applicable cases, requests for payment of costs) for items or services furnished substantially in excess of such individual's or entity's usual charges (or, in applicable cases, substantially in excess of such individual's or entity's costs) for such items or services, unless the Secretary finds there is good cause for such bills or requests containing such charges or costs;

1128(b)(6)(B) has furnished or caused to be furnished items or services to patients (whether or not eligible for benefits under title XVIII or under a State health care program) substantially in excess of the needs of such patients or of a quality which fails to meet professionally recognized standards of health care;

1128(b)(6)(C) is –

1128(b)(6)(C)(i) a health maintenance organization (as defined in section 1903(m)) providing items and services under a State plan approved under title XIX, or

1128(b)(6)(C)(ii) an entity furnishing services under a waiver approved under section 1915(b)(1), and has failed substantially to provide medically necessary items and services that are required (under law or the contract with the State under title XIX) to be provided to individuals covered under that plan or waiver, if the failure has adversely affected (or has a substantial likelihood of adversely affecting) these individuals; or

1128(b)(6)(D) is an entity providing items and services as an eligible organization under a risk-sharing contract under section 1876 and has failed substantially to provide medically necessary items and services that are required (under law or such contract) to be provided to individuals covered under the risk-sharing contract, if the failure has adversely affected (or has a substantial likelihood of adversely affecting) these individuals.

FRAUD, KICKBACKS, AND OTHER PROHIBITED ACTIVITIES 1128(b)(7) Any individual or entity that the Secretary determines has committed an act which is described in section 1128A, 1128B, or 1129.

ENTITIES CONTROLLED BY A SANCTIONED INDIVIDUAL 1128(b)(8) Any entity with respect to which the Secretary determines that a person –

1128(b)(8)(A)

1128(b)(8)(A)(i) who has a direct or indirect ownership or control interest of 5 percent or more in the entity or with an ownership or control interest (as defined in section 1124(a)(3)) in that entity;

1128(b)(8)(A)(ii) who is an officer, director, agent, or managing employee (as defined in section 1126(b)) of that entity; or

1128(b)(8)(A)(iii) who was described in clause (i) but is no longer so described because of a transfer of ownership or control interest, in anticipation of (or following) a conviction, assessment, or exclusion described in subparagraph (B) against the person, to an immediate family member (as defined in subsection (j)(1)) or a member of the household of the person (as defined in subsection (j)(2)) who continues to maintain an interest described in such clause –

Is a person – **1128(b)(8)(B)**

1128(b)(8)(B)(i) who has been convicted of any offense described in subsection (a) or in paragraph (1), (2), or (3) of this subsection;

1128(b)(8)(B)(ii) against whom a civil monetary penalty has been assessed under section 1128A or 1129; or

1128(b)(8)(B)(iii) who has been excluded from participation under a program under title XVIII or under a State health care program.

FAILURE TO DISCLOSE REQUIRED INFORMATION 1128(b)(9) Any entity that did not fully and accurately make any disclosure required by section 1124, section 11224A, or section 1126.

FAILURE TO SUPPLY REQUESTED INFORMATION ON SUBCONTRACTORS AND SUPPLIERS 1128(b)(10) Any disclosing entity (as defined in section 1124(a)(2)) that fails to supply (within such period as may be specified by the Secretary in regulations) upon request specifically addressed to the entity by the Secretary or by the State agency administering or supervising the administration of a State health care program –

1128(b)(10)(A) full and complete information as to the ownership of a subcontractor (as defined by the Secretary in regulations) with whom the entity has had, during the previous 123 months, business transactions in an aggregate amount in excess of \$25,000, or

1128(b)(10)(B) full and complete information as to any significant business transactions (as defined by the Secretary in regulations), occurring during the five-year period ending on the date of such request, between the entity and any wholly owned supplier or between the entity and any subcontractor.

FAILURE TO SUPPLY PAYMENT INFORMATION 1128(b)(11) Any individual or entity furnishing items or services for which payment may be under title XVIII or a State health care program that fails to provide such information as the Secretary or the appropriate State agency finds necessary to determine whether such payments are or were due and the amounts thereof, or has refused to permit such examination of its records by or on behalf of the Secretary or that agency as may be necessary to verify such information.

FAILURE TO GRANT IMMEDIATE ACCESS 1128(b)(12) Any individual or entity that fails to grant immediate access, upon reasonable request (as defined by the Secretary in regulations) to any of the following:

1128(b)(12)(A) To the Secretary, or to the agency used by the Secretary, for the purpose specified in the first sentence of section 1864(a) (relating to compliance with conditions of participation or payment).

1128(b)(12)(B) to the Secretary of the State agency, to perform the reviews and surveys required under State plans under paragraphs (26), (31), and (33) of section 1902(a) and under section 1903(g).

1128(b)(12)(C) To the Inspector General of the Department of Health and Human Services, for the purpose of reviewing records, documents, and other data necessary to the performance of the statutory functions of the Inspector General.

1128(b)(12)(D) To a State medicaid fraud control unit (as defined in section 1903(q)), for the purpose of conducting activities described in that section.

FAILURE TO TAKE CORRECTIVE ACTION 1128(b)(13) Any hospital that fails to comply substantially with a corrective action required under section 1186(f)(2)(B).

DEFAULT ON HEALTH EDUCATION LOAN OR SCHOLARSHIP OBLIGATIONS 1128(b)(14) Any individual who the Secretary determines is in default on repayments of scholarship obligations or loans in connection with health professions education made or secured, in whole or in part, by the Secretary and with respect to whom the Secretary has taken all reasonable steps available to the Secretary to secure repayment of such obligations or loans, except that (A) the Secretary shall not exclude pursuant to this paragraph a physician who is the sole community physician or sole source of essential specialized services in a community if a State requests that the physician not be excluded, and (B) the Secretary shall take into account, in determining whether to exclude any other physician pursuant to this paragraph, access of beneficiaries to physician services for which payment may be made under title XVIII or XIX.

INDIVIDUALS CONTROLLING A SANCTIONED ENTITY 1128(b)(15)(A) Any individual –

1128(b)(15)(A)(i) who has a direct or indirect ownership or control interest in a sanctioned entity and who knows or should know (as defined in section 1128A(i)(6)) of the action constituting the basis for the conviction or exclusion described in subparagraph (B); or

1128(b)(15)(A)(ii) who is an officer or managing employee (as defined in section 1126(b)) of such an entity.

1128(b)(15)(B) For purposes of subparagraph (A), the term “sanctioned entity” means an entity –

1128(b)(15)(B)(i) that has been convicted of any offense described in subsection (a) or in paragraph (1), (2), or (3) of this subsection; or

1128(b)(15)(B)(ii) that has been excluded from participation under a program under title XVIII or under a State health care program.

NOTICE, EFFECTIVE DATE, AND PERIOD OF EXCLUSION 1128(c)(1) An exclusion under this section or under section 1128A shall be effective at such time and upon such reasonable notice to the public and to the individual or entity excluded as may be specified in regulations consistent with paragraph (2).

1128(c)(2)

1128(c)(2)(A) Except as provided in subparagraph (B), such an exclusion shall be effective with respect to service furnished to an individual on or after the effective date of the exclusion.

1128(c)(2)(B) Unless the Secretary determines that the health and safety of individuals receiving services warrants the exclusion taking effect earlier, an exclusion shall not apply to payments made under title XVIII or under a State health care program for –

1128(c)(2)(B)(i) inpatient institutional services furnished to an individual who was admitted to such institution before the date of the exclusion, or

1128(c)(2)(B)(ii) home health services and hospice care furnished to an individual under a plan of care established before the date of the exclusion, until the passage of 30 days after the effective date of the exclusion.

1128(C)(3)

1128(c)(3)(A) The Secretary shall specify, in the notice of exclusion under paragraph (1) and the written notice under section 1128A, the minimum period (or, in the case of an exclusion of an individual under subsection (b)(12) or in the case described in subparagraph (G), the period) of the exclusion.

1128(c)(3)(B) Subject to subparagraph (G), in the case of an exclusion under subsection (a), the minimum period of exclusion shall be not less than five years, except that, upon the request of the administrator of a Federal health care program (as defined in section 1128B(f)) who determines that the exclusion would impose a hardship on individuals entitled to benefits under part A of title XVIII or enrolled under part B of such title, or both, the Secretary may, after consulting with the Inspector General of the Department of Health and Human Services, waive the exclusion under subsection (a)(1), (a)(3), or (a)(4) with respect to that program in the case of an individual or entity that is the sole community physician or sole source essential specialized in services in a community, the secretary’s decision whether to waif eth exclusion shall not be reviewable.

1128(c)(3)(C) in the case of an exclusion of an individual under subsection (b)(12), the period of the exclusion shall be equal to the sum of –

1128(c)(3)(C)(i) the length of the period in which the individual failed to grant the immediate access described in that subsection, and

1128(c)(3)(C)(ii) an additional period, not to exceed 90 days, set by the Secretary.

1128(c)(3)(D) subject to subparagraph (G), in the case of an exclusion of an individual or entity under paragraph (1), (2), or (3) of subsection (b), the period of the exclusion shall be 3 years, unless the Secretary determines in accordance with published regulations that a shorter period is appropriate because of mitigating circumstances or that a longer period is appropriate because of aggravating circumstances.

1128(c)(3)(E) in the case of an exclusion of an individual or entity under subsection (b)(4) or (b)(5), the period of the exclusion shall not be less than the period during which the individual's or entity's license to provide health care is revoked, suspended, or surrendered, or the individual or the entity is excluded or suspended from a Federal or State health care program.

1128(c)(3)(F) in the case of an exclusion of an individual or entity under subsection (b)(6)(B), the period of the exclusion shall be not less than 1 year.

1128(c)(3)(G) In the case of an exclusion of an individual under subsection (a) based on a conviction occurring on or after the date of the enactment of this subparagraph, if the individual has (before, on, or after such date) been convicted –

1128(c)(3)(G)(i) on one previous occasion of one or more offenses for which an exclusion may be effected under such subsection, the period of the exclusion shall be not less than 10 years, or

1128(c)(3)(G)(ii) on 2 or more previous occasions of one or more offenses for which an exclusion may be effected under such subsection, the period of the exclusion shall be permanent.

NOTICE TO STATE AGENCIES AND EXCLUSION UNDER STATE HEALTH CARE PROGRAMS 1128(d)(1) Subject to paragraph (3), the Secretary shall exercise the authority under this section and section 1128A in a manner that results in an individual's or entity's exclusion from all the programs under title XVIII and all the State health care programs in which the individual or entity may otherwise participate.

1128(d)(2) The Secretary shall promptly notify each appropriate State agency administering or supervising the administration of each State health care program (and, in the case of an exclusion effected pursuant to subsection (a) and to which section 304(a)(5) of the Controlled Substances Act may apply, the Attorney General) –

1128(d)(2)(A) of the fact and circumstances of each exclusion effected against an individual or entity under this section or section 1128A, and

1128(d)(2)(B) of the period (described in paragraph (3)) for which the State agency is directed to exclude the individual or entity from participation in the State health care program.

1128(d)(3)

1128(d)(3)(A) Except as provided in subparagraph (B), the period of the exclusion under a State health care program under paragraph (2) shall be the same as any period of exclusion under title XVIII.

1128(d)(3)(B)

1128(d)(3)(B)(i) The Secretary may waive an individual's or entity's exclusion under a State health care program under paragraph (2) if the Secretary receives and approves a request for the waiver with respect to the individual or entity from the State agency administering or supervising the administration of the program.

1128(d)(3)(B)(ii) A State health care program may provide for a period of exclusion which is longer than the period of exclusion under title XVIII.

NOTICE TO STATE LICENSING AGENCIES 1128(e) The Secretary shall –

1128(e)(1) promptly notify the appropriate State or local agency or authority having responsibility for the licensing or certification of an individual or entity excluded (or directed to be excluded) from participation under this section or section 1128A, of the fact and circumstances of the exclusion,

1128(e)(2) request that appropriate investigations be made and sanctions invoked in accordance with applicable State law and policy, and

1128(e)(3) request that the State or local agency or authority keep the Secretary and the Inspector General of the Department of Health and Human Services fully and currently informed with respect to any actions taken in response to the request.

NOTICE, HEARING, AND JUDICIAL REVIEW 1128(f)(1) Subject to paragraph (2), any individual or entity that is excluded (or directed to be excluded) from participation under this section is entitled to reasonable notice and opportunity for a hearing thereon by the Secretary to the same extent as is provided in section 205(b), and to judicial review of the Secretary's final decision after such hearing as is provided in section 205(g), except that, in so applying such sections and section 205(l), any reference therein to the Commissioner of Social Security or the Social Security Administration shall be considered a reference to the Secretary or the Department of Health and Human Services, respectively.

1128(f)(2) Unless the Secretary determines that the health or safety of individuals receiving services warrants the exclusion taking effect earlier, any individual or entity that is the subject of an adverse determination under subsection (b)(7) shall be entitled to a hearing by an administrative law judge (as provided under section 205(b)) on the determination under subsection (b)(7) before any exclusion based upon the determination takes effect.

1128(f)(3) The provisions of section 205(h) shall apply with respect to this section and sections 1128A, 1129, and 1156 to the same extent as it is applicable with respect to title II, except that, in so applying such section and section 205(l), any reference therein to the Commissioner of Social Security shall be considered a reference to the Secretary.

APPLICATION FOR TERMINATION OF EXCLUSION 1128(g)(1) An individual or entity excluded (or directed to be excluded) from participation under this section or section 1128A may apply to the Secretary, in the manner specified by the Secretary in regulations and at the end of the minimum period of exclusion provided under subsection (c)(3) and at such other times as the Secretary may provide, for termination of the exclusion effected under this section or section 1128A.

1128(g)(2) The Secretary may terminate the exclusion if the Secretary determines, on the basis of the conduct of the applicant which occurred after the date of the notice of exclusion or which was unknown to the Secretary at the time of the exclusion, that –

1128(g)(2)(A) there is no basis under subsection (a) or (b) or section 1128A(a) for continuation of the exclusion, and

1128(g)(2)(B) there are reasonable assurances that the type of actions which formed the basis for the original exclusion have not recurred and will not recur.

1128(g)(3) The Secretary shall promptly notify each appropriate State agency administering or supervising the administration of each State health care program (and, in the case of an exclusion effected pursuant to subsection (a) and to which section 304(a)(5) of the Controlled Substances Act may apply, the Attorney General) of the fact and circumstances of each termination of exclusion made under this subsection.

DEFINITION OF STATE HEALTH CARE PROGRAM 1128(h) For purposes of this section and sections 1128A and 1128B, the term "State health care program" means –

1128(h)(1) a State plan approved under title XIX,

1128(h)(2) any program receiving funds under title V or from an allotment to a State under such title,

1128(h)(3) any program receiving funds under title XX or from an allotment to a State under such title, or

1128(h)(4) a State child health plan approved under title XXI.

CONVICTED DEFINED 1128(i) For purposes of subsections (a) and (b), an individual or entity is considered to have been "convicted" of a criminal offense –

1128(i)(1) when a judgment of conviction has been entered against the individual or entity by a Federal, State, or local court, regardless of whether there is an appeal pending or whether the judgment of conviction or other record relating to criminal conduct has been expunged;

1128(i)(2) when there has been a finding of guilt against the individual or entity by a Federal, State, or local court;

1128(i)(3) when a plea of guilty or nolo contendere by the individual or entity has been accepted by a Federal, State, or local court; or

1128(i)(4) when the individual or entity has entered into participation in a first offender, deferred adjudication, or other arrangement or program where judgment of conviction has been withheld.

DEFINITION OF IMMEDIATE FAMILY MEMBER AND MEMBER OF THE HOUSEHOLD 1128(j) For purposes of subsection (b)(8)(A)(iii):

1128(j)(1) The term 'immediate family member' means, with respect to a person –

1128(j)(1)(A) the husband or wife of the person;

1128(j)(1)(B) the natural or adoptive parent, child, or sibling of the person;

1128(j)(1)(C) the stepparent, stepchild, stepbrother, or stepsister of the person;

1128(j)(1)(D) the father-, mother-, daughter-, son-, brother-, or sister-in-law of the person;

1128(j)(1)(E) the grandparent or grandchild of the person; and

1128(j)(1)(F) the spouse of a grandparent or grandchild of the person.

1128(j)(2) The term 'member of the household' means, with respect to any person, any individual sharing a common abode as part of a single family unit with the person, including domestic employees and others who live together as a family unit, but not including a roomer or boarder.

2003 Amendments:

Section 949 of the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003" (PubLNo 108-173), effective December 8, 2003, amended the first sentence of section 1128(c)(3)(B).

Prior to being amended, the first sentence of section 1128(c)(3)(B) read as follows:

Subjected to subparagraph (G), in the case of an exclusion under subsection (a), the minimum period of exclusion shall be not less than five years, except that, upon the request of a State, the Secretary may waive the exclusion under subsection (a)(1) in the case of an individual or entity that is the sole community physician or sole source of essential specialized services in a community.

Attachment B

Grounds for Denying Employment pursuant to Pennsylvania Older Adults Protective Services Act

Separately Attached

35 P.S. § 10225.503

**§ 10225.503. Grounds for denying employment
Effective: [See Text Amendments]**

35 P.S. § 10225.503

Purdon's Pennsylvania Statutes and Consolidated Statutes Currentness
Title 35 P.S. health and Safety (Refs & Annos)

Chapter 50. General Provisions

Older Adults Protective Services (Refs & Annos)

Chapter 5. Criminal History for Employees (Refs & Annos)

§ 10225.503. Grounds for denying employment

(a) General rule. In no case shall a facility hire an applicant or retain an employee required to submit information pursuant to section 502(a) [FN1] if the applicant's or employee's criminal history record information indicates the applicant or employee has been convicted of any of the following offenses:

(1) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), [FN2] known as the Controlled Substance, Drug, Device and Cosmetic Act.

(2) An offense under one or more of the following provisions of 18 Pa.C.S. (relating to crimes and offenses):

Chapter 25 (relating to criminal homicide).

Section 2702 (relating to aggravated assault).

Section 2901 (relating to kidnapping).

Section 2902 (relating to unlawful restraint).

Section 3121 (relating to rape).

Section 3122.1 (relating to statutory sexual assault).

Section 3123 (relating to involuntary deviate sexual intercourse).

Section 3124.1 (relating to sexual assault).

Section 3125 (relating to aggravated indecent assault).

Section 3126 (relating to indecent assault).

Section 3127 (relating to indecent exposure).

Section 3301 (relating to arson and related offenses).

Section 3502 (relating to burglary).

Section 3701 (relating to robbery).

A felony offense under Chapter 39 (relating to theft and related offenses) or two or more misdemeanors under Chapter 39.

Section 4101 (relating to forgery).

Section 4114 (relating to securing execution of documents by deception).

Section 4302 (relating to incest).

Section 4303 (relating to concealing death of child).

Section 4304 (relating to endangering welfare of children).

Section 4305 (relating to dealing in infant children).

Section 4952 (relating to intimidation of witnesses or victims).

Section 4953 (relating to retaliation against witness or victim).

A felony offense under section 5902(b) (relating to prostitution and related offenses).

Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).

Section 6301 (relating to corruption of minors).

Section 6312 (relating to sexual abuse of children).

(3) A Federal or out-of-State offense similar in nature to those crimes listed in paragraphs (1) and (2)

(b) Deleted.

(c) Immunity. An administrator or a facility shall not be held civilly liable for any action directly related to good faith compliance with this section.

CREDIT(S)

1987, Nov. 6, P.L. 381, No. 79, § 503, added 1996, Dec. 18, P.L. 1125, No. 169, § 5, effective July 1, 1998. Amended 1997, June 9, P.L. 160, No. 13, § 2, effective in 180 days.

[FN1] 35 P.S. § 10225.502(a).

[FN2] 35 P.S. § 780-101 et seq.

HISTORICAL AND STATUTORY NOTES

2003 Main Volume

Act 1997-13 legislation

The 1997 amendment rewrote the list of offenses and become effective 180 days from June 9, 1997 without reference to the July 1, 1998 effective date of the section.

35 P.S. § 10225.503, PA ST 35 P.S. § 10225.503

Current through Act 2007-60

Copr. © 2008 Thomson/West
END OF DOCUMENT

(C) 2008 Thomson/West. No Claim to Orig. US Gov. Works.

**HEALTH NETWORK LABORATORIES
VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

As an employer, we comply with all Federal, State and Local Equal Employment Opportunity-Affirmative Action regulations. Employment decisions are made on the basis of job-related criteria regardless of the age, sex, race, color, national origin, religious beliefs, disability or veteran's status of the applicant or the employee.

Solely to help us comply with Government record keeping, reporting and other legal requirements, HNL invites applicants to voluntarily self-identify their race and ethnicity.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Whether or not you choose to fill out this form will have no impact upon the consideration given to your application. This form will be retained in a confidential file separate from your Application for Employment. When reported, data will not identify any specific individual. Thank you for your cooperation.

PLEASE PRINT

POSITION APPLIED FOR: _____ Date: _____

NAME: _____ SS#: _____

1. GENDER

- Male Female

2. ETHNIC GROUP

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Non-Hispanic or Latino (Please answer question #2)

3. RACE

- White– A person having origins in any of the original peoples of Europe, the Middle East, or North America.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or more races