

**Rhode Island National Background Check Services – Applicant Registration**

As mandated by both federal and state law, any provider classified as high risk under 210-RICR-20-00-1, or any person with a **5 percent** or more direct or indirect ownership interest in a high-risk provider, is required to submit to a national background check supported by fingerprints.

Community Health Workers (CHW) **ONLY**: Providers must complete a national background check on all Owners, Managing Employees, and Associated Providers associated with their group. This would cover all persons with direct or indirect ownership interests, as well as any individual CHW employees working for the organization. Good Moral Character request can be submitted after the provider receives their results if they qualify under the CHW Manual guidance on what would be allowable.

Providers must consent to a national criminal background check and fingerprinting.

The purpose of this form is to collect applicant’s information required to register the applicant via the Rhode Island Civil Applicant Backg round (CAB) portal.

**\*NOTE: Enrollment will not be able to move forward if any of the required fields have errors or are blank**

Last Name	
First Name	
Middle Name	
Suffix	
Date of Birth (MMDDYYYY):	
Place of Birth: (US State or Country Only	
SSN (no dashes)	
Sex	
Race	
Eye Color	
Hair Color	
Height	
Weight/lbs.	
Country of Citizenship	
Driver’s License Number	
Driver’s License State	
Address	
City	
State	
Zip	
Phone	
Email	

Once you have completed this form, please return it to [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax to 401-784-3892. **Please Note: Forms returned via email must be sent via secure email**

**Results & Notification**

Applicants will receive their results, Eligible or Ineligible via email address on file.

If Eligible, the registration will move to the BCI Queue and the applicant is ready for fingerprinting.

- The Applicant must bring their registration form and valid ID
- The cost for a national background check is \$46.20 (\$45 + \$1.20 processing fee)
- credit/debit cards are the only form of payment accepted.

The Applicant mustgo to the BCIUnit for fingerprinting:

- o **Attorney General Julius C. Michaelson Customer Service Center**  
4 Howard Avenue (Corner of Pontiac Ave. and Howard Ave.)  
Cranston, RI 02920  
401-274-4400

**\*Out-Of-State providers - The state may accept Medicare Fingerprinting/Background check as verification of a clear national background check.**