

ANDREW M. CUOMO Governor **HOWARD A. ZUCKER, M.D., J.D.**Commissioner

**LISA J. PINO, M.A., J.D.**Executive Deputy Commissioner

April 7, 2021

DAL: DAL 21-03

DHCBS 21-06

NH 21-06

SUBJECT: Acknowledgement and Consent for

Fingerprinting and Disclosure of Criminal History Record Information

DOH-102

## Dear Administrator:

The purpose of this letter is to inform you that the Acknowledgement and Consent for Fingerprinting and Disclosure of Criminal History Record Information form has been updated with a Department of Health form number. The updated form, labelled DOH-102, may be found on the CHRC application under "Acknowledgement and Consent for Fingerprinting and Disclosure of Criminal History Record Information". Translations are also available in Bengali; Chinese Simplified; Haitian Creole; Korean; Russian; and Spanish.

If you have questions regarding the revised form, please contact us via the "Contact CHRC" button on the top, right-hand corner of the CHRC application for further clarification.

Sincerely,

Valerie A. Deetz, Deputy Director

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Center for Health Care Provider Services and Oversight Office of Primary Care and Health Systems Management

cc: J. Devik

H. Hayes

N. Katz

S. McGarvey

C. Rodat