

### BEAS STATE REGISTRY CONSENT FORM

(RSA 161-F: 49\*)

#### Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you might find concerning me to: ***(This portion must be filled out in order to be processed.)***

Employer name: LNA Health Careers

Mailing address: 22 Concord St, 3rd floor

City/State/Zip: Manchester, NH 03101

Telephone: 603-647-2174

Fax: 603-647-2175

**For Official Use Only  
NH DHHS BEAS STATE REGISTRY  
NAME CHECK - CONFIDENTIAL**

No Finding  
 Positive Finding  
 Unable to Process - Correct and Resubmit  
     Information Illegible  
     Inaccurate Date of Birth (DOB) or DOB Missing  
     Altered Form, Not Witnessed, or Too Dark  
     Minor  
     Other:

By:  Angele Rivers  
     Karen Conlon

Date: \_\_\_\_\_

#### Employee Information

#### PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_  
Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Gender:  Female  Male

Also known by the following names (Maiden name, etc.):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Required) (Optional)  
Position: \_\_\_\_\_ Select one:  Applying  Current Position  
 Employee  Consultant  Volunteer  Other: Student

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Fax to: (603) 271-6875 or Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301  
For more information, Visit: <https://www.dhhs.nh.gov/dcbcs/beas/registry.htm>,  
Call: (603) 271-8154 or Email: [BEASStateRegistry@dhhs.nh.gov](mailto:BEASStateRegistry@dhhs.nh.gov)

If student applicant is under 18: \_\_\_\_\_  
Parent/Guardian Print Name | Signature | Date