

## Request for Criminal History Evaluation Letter for Medication Aide Permit

Complete this form if you are requesting Texas Health and Human Services Commission (HHSC) to issue a criminal history evaluation letter regarding your eligibility for permitted medication aide.

I, \_\_\_\_\_ will enroll, or am enrolled, in an educational program in preparation for, or plan to take, the examination for an initial:

Certified Medication Aide (CMA) Permit

I understand that I may be ineligible for a permit because of my conviction or deferred adjudication for the following felony or misdemeanor offenses:

All items marked with an asterisk (\*) are required. Incomplete applications will not be processed.

*Name (Last, First, Middle)	Maiden Name	Other Surnames	Sex
*Street Address	*City	*State	*ZIP Code
*Date of Birth (mm/dd/yyyy)	*Social Security No.	Area Code and Phone No.	
*Email Address			

I request a criminal history evaluation letter determining whether I am eligible for a permit based on the fingerprint-based criminal history check results I must provide to HHSC. I understand that the evaluation letter may not address issues I do not disclose on this request, issues that were not reasonably available to HHSC at the time of my request, and eligibility requirements unrelated to criminal history.

I understand I must request the fingerprint-based criminal history check at <https://uenroll.identogo.com> to obtain the service code for the check.

Contact the Criminal Background Check program at: [LTCR\\_Criminal\\_Background\\_Checks@hhs.texas.gov](mailto:LTCR_Criminal_Background_Checks@hhs.texas.gov).

\_\_\_\_\_  
\*Signature

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

**Allow two weeks for processing.**  
Submit by email at [LTCR\\_Criminal\\_Background\\_Checks@hhs.texas.gov](mailto:LTCR_Criminal_Background_Checks@hhs.texas.gov).