



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

DIVISION OF HEALTH CARE SERVICES
Background Check Program

4601 Business Park Blvd., Bldg K
Anchorage, Alaska 99503
Main: 907.334.4475
Fax: 907.269.3488

May 03, 2023

CERTIFIED MAIL: 70223330000214518889

McGrath Test
123 Mailing Address
Juneau, AK 99801

NOTICE OF BARRING CONDITION(S)

IMPORTANT: THIS NOTICE CONTAINS TIME SENSITIVE INFORMATION. FAILURE TO READ AND ACT PROMPTLY MAY RESULT IN A WAIVER OF YOUR RIGHTS.

Re: Request for Background Check Number 30224885

Dear McGrath Test:

The Department of Health, Division of Health Care Services, Background Check Program (BCP) has completed a review of your background check for association with Rich Grayson Test Facility. You have been issued a Not Eligible determination under AS 47.05.300-.390 and 7 AAC 10.010 – 10.990.

The results of this background check identified the existence of the following barrier crime(s) or condition(s):

- On 5/2/2023, you were charged with AMC8.10.010 Assault by the courts in Anchorage, Alaska. This is equivalent to AS 11.41.230 Assault in the Fourth Degree, a barrier under 7 AAC 10.905(d)(1)(A). This is a 5 year barrier crime or condition. As this charge has been identified as having a missing disposition, it will remain a barrier under 7 AAC 10.905 until a final disposition is received and reviewed for a final determination.
- On 10/11/2022, you were convicted of AS 11.46.120 Theft in the First Degree, a barrier under 7 AAC 10.905(c)(2)(A) by the courts in Bethel, Alaska. This is a 10 year barrier crime or condition.

As specified under 7 AAC 10.905, barrier timeframes begin to run from the date you were charged with or convicted of a crime or condition, whichever period ends at a later date. If you are subject to a judgment of a court related to sentencing, probation, or parole, you are barred for the barrier time listed under 7 AAC 10.905 or until you have fully complied with the conditions of the sentencing, probation, or parole, whichever period is longer.

If you received a Provisional or Eligible authorization for this application, your authorization is hereby revoked, effective immediately as required by 7 AAC 10.920(b) and 7 AAC 10.945. If you believe the BCP made a factual mistake in making this determination, you may request a redetermination. You must submit a written request including any documents or other information to detail and provide evidence why you believe the determination was made in error. This request must be submitted to the Background Check Program **no later than 90 days** after receipt of this notice per provisions of 7 AAC 10.950, to

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If the information relied upon by the Background Check Program is factually correct, in order to associate with a licensed and or certified entity, you must obtain a variance under 7 AAC 10.930. Either you or your current or proposed employer may submit a variance request. If you want to apply for a variance, you can find necessary forms and information, by logging the background check program website at <http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx>. You will find the variance application and personal statement forms under the System Guides heading. You may also request a paper copy of the application from your employer or from the Variance Committee by contacting (907) 269-3640. Variance requests must be submitted **no later than 90 days** after receipt of this notice or **no later than 90 days** from the date of a redetermination denial.

If you have questions regarding this notice, including the barring conditions identified, or the procedure for requesting redetermination, you should contact the BCP at BCUnit@alaska.gov or by phone at (907) 334-4475. If you have questions regarding the procedure for requesting a variance, you should contact the Program Coordinator at (907) 334-4475. Questions concerning your ability to be employed or to continue employment should be directed to the entity you are associated with or wish to become associated with.

Sincerely,

A handwritten signature in black ink that reads "Jf Ball". The signature is stylized, with the first letters of the first and last names being capitalized and prominent.

Jennifer Ball
Program Coordinator I
Background Check Program

cc: State Oversight Division