ate:
ame and Address of Facility
E: Suitability Letter
ear (Applicant's Name),
ollowing our employment offer to you on (date), the facility performed a criminal record check, required by Section 43-11-13, the Mississippi Code of 1972, as amended, Mississippi State epartment of Health Division of Licensure and Certification.
e are pleased to advise you that the results of the criminal history record check revealed no squalifying event; therefore, pursuant to the requirements of this law, we are providing this letter confirm your suitability for employment based on the criminal record check.
ou may use this letter for a period of two (2) years from the date of the letter to seek employment any licensed entity. When presented with this letter, a licensed entity may rely on the letter with spect to your criminal background and is not required by law for a period of two (2) years from a date of this letter to conduct a criminal record check.
you have questions regarding this letter, please do not hesitate to contact me at 000-000-0000.
ncerely, scility Representative Name and Title
WORN AND SUBSCRIBED BEFORE ME, this the day of, 20
gnature of Notary Public My Commission Expires