

**LSU HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 4559-23

CATEGORY: Human Resources

CONTENT: Background Investigative Inquiry Policy

APPLICABILITY: This policy applies to all employees of the Health Care Services Division Administration (HCSDA) and Lallie Kemp Medical Center (LKMC) regardless of appointment type.

EFFECTIVE DATE: October 27, 2011  
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INQUIRIES TO: Human Resources Administration  
LSU Health Care Services Division  
Post Office Box 91308  
Baton Rouge, Louisiana 70821-1308

**Note: Approval signatures/titles are on the last page.**

**LSU HEALTH CARE SERVICES DIVISION  
BACKGROUND/INVESTIGATIVE INQUIRY POLICY**

**I. POLICY STATEMENT**

It is the policy of the Health Care Services Division (HCSD) to conduct background/investigative inquiries to provide a safe environment for patient care and safe workplace for the employees. Background/investigative inquiries will be conducted as follows:

- As part of the pre-employment process, background/investigative inquiries shall be conducted on all prospective HCSD employees and results received prior to a final offer/commitment of employment, enrollment on the payroll, or attendance at orientation.
- On active employees, as deemed necessary, for the duration of employment with HCSD.

**Note:** Any reference herein to Health Care Services Division (HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

**II. IMPLEMENTATION**

This policy or any subsequent revisions are effective upon approval and signature of the HCSD Chief Executive Officer or Designee.

New employees will be given a copy of the policy or assigned the policy through WILMA as part of orientation. If given a hard copy, employees will be required to sign acknowledgement form.

**III. BACKGROUND/INVESTIGATIVE INQUIRIES**

A. New Hire inquiries (also referred to as the bundle) to be required include:

1. Criminal History (local, state, national)
2. Social Security Number Verification
3. National Sex Offense Registry

B. Miscellaneous Inquiries listed below, may be requested on an individual basis for active employees or in addition to the bundle for new hires, as necessary:

1. Social Security Number Verification only
2. Federal Criminal Records Search only
3. International Criminal History Search only
4. National Sex Offender Registry Search only
5. State Criminal Search only

6. County/Parish Civil Court Records only
7. Federal Civil Records search only
8. County/Parish Criminal Search only

#### **IV. GENERAL PROVISIONS**

- A. The Human Resources Departments (HRD) shall provide notification of the background/investigative inquiry requirements by posting on bulletin boards/Hospital intranets, etc. (See Attachment #1 for example)
- B. The HRD shall provide and include information regarding background/investigative inquiry requirement as well as a copy of HCSD's Fair Credit Reporting Act" disclosure statement to prospective employees for positions filled by any means. (See Attachment #2)
- C. The HRD will ensure that Background/investigative inquiry results are kept confidential and only shared with those persons having a need-to-know.
  1. A signed release form is required for all background checks. Any employee conducting an inquiry without a signed release will result in a disciplinary action up to and including removal/termination.
  2. Copies of negative reports shall not be included in the employee's personnel file, but shall be filed separately.
- D. The HRD will be responsible to compile appropriate information necessary to be used as defense in the event of legal challenge.
- E. The HRD will compile statistics as required.
- F. Each prospective employee or active employee with questionable information resulting from a background/investigative inquiry may still be considered for appointment or continued employment on a case by case basis. The Appointing Authority or designee will take into consideration the position applied for or current position, the nature and gravity of the offense, and the time that has passed since the questionable offense.
- G. The HR Administration will maintain a HCSD disqualification list. The Hospital HRD will submit names to HR Administration as applicable.
- H. For purposes of this policy, an employee transferring into the HCSD, from another state agency, shall be considered a prospective employee/new hire.

- I. For purposes of this policy, an employee laid off and being appointed from the HCSD Department Preferred Reemployment List with a break in service, will be considered a prospective employee/new hire.
- J. For purposes of this policy, the following personnel actions processed within the HCSD from one business unit to another, without a break in service, are not considered a new employee. The background/investigative inquiry is not required, but may be processed at the discretion of the Appointing Authority:
  - 1. Transferring from one HCSD business unit to another
  - 2. Resigning to accept a Probational Appointment
  - 3. Resigning to accept a monthly unclassified appointment
  - 4. Resigning to accept a HCP “pool” job
  - 5. Resigning to accept another job type
- K. Human Resources will receive and verify monthly invoices prior to payment of services.

**V. BACKGROUND/INVESTIGATIVE INQUIRY REQUIREMENTS**

- A. Prospective Employees
  - 1. A prospective employee, to whom a conditional offer of employment is made, shall be required to provide the necessary information used to conduct a background inquiry and shall sign the consent form. (See Attachment #3)  
**Note:** Prior to conditional offer of employment, HR will check the HCSD “disqualification” list.
  - 2. A prospective employee shall have the conditional offer of employment withdrawn and shall be subject to disqualification from consideration for employment with the HCSD for a period of one (1) year from the effective date of the disqualification action when prospective employee:
    - a. Declines to consent to the background investigative inquiry.  
 The prospective employee shall be asked to complete “Refusal to Consent to Background/Investigative Inquiry” form. (See Attachment #4)  
Refusal to sign form: If a prospective employee refuses to complete the “Refusal to Consent to Background/Investigative Inquiry” form, it shall be completed by the business unit.
    - b. Provides false information or knowingly omits information.  
**Note:** Disqualifications are reported to HCSD Administration to update/maintain the HCSD “Disqualifications” list.

3. A former HCSD employee who has been laid off and declines to consent to the background/investigative inquiry upon being offered employment/ appointment from the HCSD Department Preferred Reemployment List (DPRL), will be reported to the Department of Civil Service and may be cause for removal from the DPRL.
4. Background/investigative inquiry results will be reported in a timely manner to those persons authorized and designated by the Human Resources Director.

B. Active Employees

Background checks for active employees shall only be conducted if supported by sufficient business reasons as documented and confirmed by HCSD Legal Counsel.

1. An active employee shall be given the “Information on Background/investigative Inquiry” (Attachment #2); shall be required to provide the necessary information used to conduct a background inquiry and shall sign the consent form. (See Attachment #3)
2. An active employee who declines to consent to the background/investigative inquiry shall be subject to disciplinary action up to and including removal/dismissal. The active employee shall be asked to complete “Refusal to Consent to Background/Investigative Inquiry” form. (See Attachment #4)  
Refusal to sign: If an active employee refuses to complete the “Refusal to Consent to Background/Investigative Inquiry” form, it shall be completed by the business unit.
3. An active employee who provides false information or knowingly omits information shall be subject to disciplinary action up to and including removal/dismissal.
4. Section VII. B. of this policy shall be followed for each instance of a background inquiry for an active employee.

C. Contracted Staff

1. Group Professional Contract – Each professional group/company awarded contracted services with HCSD shall be responsible for conducting background checks for all persons who will be present on an HCSD campus performing duties. Proof of the background check results shall be provided upon request.
2. Individual Professional Contract – HCSD may assume responsibility to conduct background check. If background check is conducted by HCSD, result shall be retained by Human Resources.

## **VI. NOTIFICATION OF PRE-ADVERSE ACTION**

- A. Withdrawal of Job Offer due to a report
  - 1. Prepare Pre-Adverse letter to prospective employee (see Attachment #5)
  - 2. Attach copy of report and copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” (FTC Summary of Rights) (Attachment #6)
  - 3. Allow 10 calendar days from date of mailing for response
  
- B. Disciplinary action/termination due to a report
  - 1. Classified Employees:
    - a. Permanent Status  
As part of the pre-discipline process, employee shall be provided with a copy of the report and a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” (Attachment #6) and allowed 10 calendar days for response.
    - b. Probational Appointment, Job Appointment and Restricted Appointment  
Although a pre-discipline process is not required, employees shall be provided with a copy of the report and a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” (Attachment #6) prior to a termination.
  - 2. Unclassified Employees (Monthly, Bi-weekly, Student, HCP)  
Any unclassified employee shall be provided with a copy of the report and a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” (Attachment #6) prior to a termination/dismissal letter.

## **VII. EXCEPTIONS**

The HCSD CEO or designee may waive, suspend, change or otherwise deviate from any provision of this policy they deem necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service Rules and Regulations; LSU Policies/Memoranda; or any other governing body regulations.

**BACKGROUND/INVESTIGATIVE INQUIRY POLICY**

**ACKNOWLEDGMENT OF RECEIPT**

I have received a copy of/been advised of the LSU Health Care Services Division Background/Investigative Inquiry Policy. I agree to comply with the policy, procedures and guidelines and to fully cooperate with and agree to a Background/Investigative inquiry as outlined in this policy. I understand it is my responsibility to read and familiarize myself with this material and that if I have any questions I may contact the Human Resources Department. I understand that initial and/or continued employment is contingent upon a willingness to comply with this policy.

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Name (Please Print)

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Signature

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Date

**FAILURE TO SIGN THIS ACKNOWLEDGEMENT FORM DOES NOT EXEMPT YOU FROM THIS POLICY.**

(Sample Flyer for Bulletin Boards/websites, etc-  
May be modified to fit your Hospital or develop your own)

**LSU Health Care Services**  
**Division (HCSD)**  
**(Hospital Name)**

**CONDUCTS**  
**BACKGROUND/INVESTIGATIVE**  
**INQUIRIES**

**ALL NEW HIRES**

**&**

**ACTIVE EMPLOYEES**  
**(AS NECESSARY)**



**INFORMATION ON BACKGROUND/INVESTIGATIVE INQUIRY**  
(For prospective employees and/or active employees)

**WHY MUST I SUBMIT TO A BACKGROUND/INVESTIGATIVE INQUIRY**

It is the policy of the LSU Health Care Services Division (HCS D) to conduct background/investigative inquiries to provide a safe patient care environment and a safe workplace for the employees.

Background/investigative inquiries will be conducted as follows:

- As part of the pre-employment process on prospective employees
- On active employees, as deemed necessary, for the duration of employment with HCS D

Prospective Employees: All prospective employees are required to undergo a background/investigative inquiry as a condition of employment. Prospective employees must complete all required paperwork to perform a background/investigative inquiry as a condition of hiring. **A background/investigative report must be received by HCS D prior to a final offer /commitment of employment, enrollment on the payroll, or attendance at orientation.**

**WHAT ARE MY RIGHTS?**

You have the right to refuse to have the background/investigative inquiries completed.

Prospective employees who decline to consent to a background/investigative inquiry and/or who provide false information shall have the conditional offer of employment withdrawn and shall be subject to disqualification from consideration for employment with HCS D for a period of one (1) year from the effective date of the disqualification action.

Laid off employees (former HCS D employees) who decline to consent to the background/investigative inquiry and/or who provide false information upon being offered employment/appointed from the HCS D Department Preferred Reemployment List (DPRL), will be reported to the Department of Civil Service. Refusal may be cause for removal from the DPRL.

Current employees who decline to consent to the background/investigative inquiry and/or who provide false information shall be subject to disciplinary action up to and including removal/dismissal.

**WHAT INFORMATION ARE WE CHECKING?**

- 1) Criminal History (local, state, national)
- 2) Social Security Number Verification
- 3) National Sex Offense Registry

**IS THIS INFORMATION CONFIDENTIAL?**

Inquiry results are kept confidential and only shared with those person having a need-to-know. Results are not part of the official personnel file.

**WHAT WILL BE DONE IF MY REPORT COMES BACK WITH QUESTIONABLE INFORMATION?**

Each prospective employee or active employee with questionable information resulting from a background/investigative inquiry may still be considered for appointment or continued employment on a case by case basis. The Appointing Authority or designee will take into consideration the position applied for or current position, the nature and gravity of the offense, and the time that has passed since the questionable offense.

**INFORMATION ON BACKGROUND/INVESTIGATIVE INQUIRY**  
(For prospective employees and/or active employees)

Prospective Employee: If the questionable information results in a decision that directly and adversely affects the withdrawal of a conditional offer of employment, the prospective employee shall be provided with a copy of the inquiry results and summary of your rights under the Fair Credit Reporting Act.

Current/Active Employee: If the questionable information results in a proposed disciplinary action/termination, the employee, regardless of employment status, shall be provided with a copy of the inquiry results and summary of your rights under the Fair Credit Reporting Act as part of the pre-discipline process.

**I have read and understand “The Information on Background/Investigative Inquiries” provided to me.**

Print Name: \_\_\_\_\_

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

**Fair Credit Reporting Act Disclosure Statement**

Louisiana State University, Health Care Services Division (HCS D) when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for employment or an employee of HCS D, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing “consumer reports” to others such as HCS D.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes. For HCS D purposes, a consumer report will consist of a background/investigative inquiry to include: criminal history (local, state, and national); social security number verification; and national sex offense registry.

If HCS D obtains a “consumer report” about you, and if HCS D considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided a copy of the “consumer report.” You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports and “consumer reporting agencies.”

**AGREEMENT/ CONSENT FORM TO SUBMIT TO A  
BACKGROUND/INVESTIGATIVE INQUIRY AND THE RELEASE OF RESULTS**

I have been requested by LSU HCSD \_\_\_\_\_ to agree to provide all necessary information to conduct a background/investigative inquiry.

I have been informed and I understand that my agreement to allow a background/investigative inquiry is completely voluntary on my part and that I have the right to refuse.

Prospective Employee: I am aware that my refusal to agree to a background/investigative inquiry and/or give false information will result in disqualification from consideration for employment with HCSD for a period of one (1) year from the effective date of the disqualification action.

Active Employee: I understand that my refusal to agree to a background/investigative inquiry and/or give false information may result in disciplinary action up to and including removal/dismissal.

I also understand that withdrawal of this permission prior to, or any time after, the release of the results of the background/investigative inquiry to the Human Resources Department is grounds for withdrawing offer of employment or terminating my employment.

**ALL INFORMATION MUST BE PRINTED**

Name: \_\_\_\_\_ Dates Used: \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parish/County: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Residences:** List below **ALL** Cities in which you have worked and resided within the past **7 YEARS ONLY**. Please list the dates you resided in each city and all LAST NAMES you used while living there.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish/County: \_\_\_\_\_ Dates (Mo-Yr): \_\_\_\_\_

All Last Names while living here: \_\_\_\_\_

**AGREEMENT/ CONSENT FORM TO SUBMIT TO A  
BACKGROUND/INVESTIGATIVE INQUIRY AND THE RELEASE OF RESULTS**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish/County: \_\_\_\_\_ Dates (Mo-Yr): \_\_\_\_\_

All Last Names while living here: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish/County: \_\_\_\_\_ Dates ( Mo-Yr): \_\_\_\_\_

All Last Names while living here: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish/County: \_\_\_\_\_ Dates ( Mo-Yr): \_\_\_\_\_

All Last Names while living here: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish/County: \_\_\_\_\_ Dates ( Mo-Yr): \_\_\_\_\_

All Last Names while living here: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish/County: \_\_\_\_\_ Dates ( Mo-Yr): \_\_\_\_\_

All Last Names while living here: \_\_\_\_\_

**By my signature, I certify that the information I have provided is true and complete to the best of my knowledge. I understand that any misrepresentation or material omission may cause my conditional offer of employment to be withdrawn, my name to be removed from the eligible employment list and/or subject to dismissal from HCSD. I understand that the outcome of my background inquiry may result in not being recommended or selected for the applied position.**

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

**REFUSAL TO SUBMIT TO A BACKGROUND/INVESTIGATIVE INQUIRY**

I hereby refuse to authorize a background/investigative inquiry.

Prospective Employee: I understand that I will be disqualified from employment with the HCSD up to one (1) year.

Active Employee: I understand that my refusal may result in disciplinary action up to and including removal/dismissal/termination.

\_\_\_\_\_  
Employee/Prospective Employee Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee/Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**PROSPECTIVE/ACTIVE EMPLOYEE REFUSES TO SUBMIT TO A  
BACKGROUND/INVESTIGATIVE INQUIRY AND WILL NOT SIGN REFUSAL FORM**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**PRE-ADVERSE ACTION NOTICE**

Dear Applicant:

When you applied for employment with the LSU Health Care Services Division (HCSD) (include Hospital Name), you consented to an independent investigation conducted by a consumer reporting agency. This investigation included obtaining information regarding Criminal History (local, state, national); International Criminal History (as applicable); Social Security Number Verification; and the National Sex Offense Registry or any other adverse item of information within the last seven (7) years. The investigation also may have included obtaining information relating to criminal records without any time limitations, subject to state law.

The HCSD contracted with ACCUSCREEN SYSTEMS, whose address and telephone number are 1038 Main Street, Baton Rouge LA 70802, Telephone (800) 383-6476.

ACCUSCREEN SYSTEMS has reported to us the information on the enclosed report.

Based on this information, subject to you successfully challenging the accuracy of this information, we have decided to revoke your conditional offer of employment. ACCUSCREEN SYSTEMS has not made this decision and is not able to explain why the decision was made.

HCSD is enclosing a copy of the report and a copy of your rights under the federal Fair Credit Reporting Act. You have the right to obtain a free copy of your file from ACCUSCREEN SYSTEMS, if you request the report within 10 days. You also have the right to dispute directly with ACCUSCREEN SYSTEMS, the accuracy or completeness of any information provided by it.

If you believe the information listed above is not accurate, please contact (Hospital contact name and phone number) no later than (insert date of 10 calendar days from date of mailing). We will not make a final decision regarding your application until (insert same date as above). This will give you an opportunity to contact us if you want to dispute the report submitted by ACCUSCREEN SYSTEMS.

Sincerely,

Name/Title

Encl: Copy of AccuScreen System Report  
Fair Credit Reporting Act Summary of Rights

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov>

You must be told if information in your files has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report
- You are the victim of identity theft and place a fraud alert in your file
- Your file contains inaccurate information as a result of fraud
- You are on public assistance
- You are unemployed but expect to apply for employment within 60 days

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven (7) years old, or bankruptcies that are more than ten (10) years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

Attachment #6  
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You must give your consent for reports to be provided to employers. A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information contact your state or local consumer protection agency or your state Attorney General.

For questions or concerns, you may contact the following Federal enforcers:

For consumer reporting agencies, creditors and others not listed below:

Federal Trade Commission  
Consumer Response Center-FCRA  
Washington, DC 20580  
(877) 381-4357

National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)

Office of the Comptroller of the Currency Compliance Management  
Mail Stop 6-6  
Washington, DC 20219  
(800) 613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551  
(202) 452-3693



Savings and associations and federally chartered savings banks (work “federal” or initials “F.S.B.” appear in federal institution’s name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
(800) 842-6929

Federal Credit Unions (words “Federal Credit Union” appear in the institution’s name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314  
(703) 519-4600

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & consumer Affairs  
Washington, DC 20429  
(877) 275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
(202) 366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20250  
(202) 720-7051

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Townsend, Kathy  
HCSO Human Resources Director



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Approver:  
Wilbright, Wayne  
Chief Medical Informatics Officer



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