Dear Applicant:

Thank you for your interest in Clinical Pastoral Education at Cape Fear Valley Medical Center.

The Department of Pastoral Care has been an integral part of the hospital’s care team for well over 40+ years.

The enclosed information will provide you with the application process. Presently our website is under development and is forth coming.

We look forward to receiving your application. Should you have questions about our program or the application process, please do not hesitate to contact me at (910) 615-6363 or (910) 615-6019 or (910) 615-4000.

Sincerely,

Recruitment/Admissions Coordinator
Clinical Pastoral Education Supervisor, ACPE
(910) 615-6363
cmelvin@capefearvalley.com
APPLICATION PROCESS

Complete and return the following:

- Application Form and applicable essays
- Ethical Conduct Affidavit
- Two Reference Forms (please have your references complete the enclosed form, seal in an envelope, sign over the seal, and return to you in order for you to submit with your application materials.)

  *Your two references should be from:*

  - An individual who has known you in the context of your ministry. This person could be a representative from your ecclesial group or a pastor who has supervised your ministry.
  - An individual who has known you in your role as a student. This person could be a seminary professor or advisor.

- Application fee of $30.00

*Mail these application materials to:*

  Rev. Cary J. Melvin
  CPE Admissions Coordinator
  Cape Fear Valley Medical Center
  Department of Pastoral Care
  1638 Owen Drive
  Fayetteville, NC 28304
I. Name: ___________________________________________ Date: _________________

Current Address: ________________________________ Telephone#: (H):__________

______________________________________________  (O):__________

City State Zip (C):__________

E-mail:________________________________________

II. Program of CPE for which you are applying:

Level I

1. Full-Time CPE: (Summer Internship) Year____________________

2. Extended CPE: (Spring Internship) or (Fall Internship) Year____________________

Level II

1. Full-Time CPE: (Summer) Year____________________

2. Extended CPE: (Spring) or (Fall) Year___________________

3. Are you applying to other CPE centers? Yes___ No ___

III. Enrollment:

1. Enrollment through a Theology or Divinity School Yes___ No ___

2. Enrollment through Program For Clinical Pastoral Education Yes___ No ___
IV. Ecclesiastical and Educational Information:

1. Denomination________________________    Ordained__________  Date______________
2. Association, Conference, Diocese, Presbytery, Synod___________________________________
   ________________________________________________________________________________
3. If you are a pastor of a local church, are ecclesiastical officials aware of your plans to engage in
   CPE training? _____________________________
4. Is CPE required or recommended by your denomination or seminary for graduation or
   ordination?  Y/N…Attach additional explanation.
5. Education (High School degree or GED required)
   a. College___________________ Major_______________ Degree________ Date________
   b. Seminary_________________  Major_______________ Degree________ Date________
   c. Graduate Work____________   Major_______________ Degree________ Date________
6. Previous CPE or supervised counseling experience:
   Attach additional paper, if necessary.
   Institution     Supervisor    Dates
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
7. Work experience:
   Attach additional paper, if necessary.
   Location     Position    Dates
   ________________________________________________________________________________
   ________________________________________________________________________________

V. Written information to be attached:

1. Write an autobiography essay (3-5) pages, single-spaced, typed which includes the following:
   a. A description of the family in which you grew up;
   b. A description of your current family;
   c. A description of significant religious experiences in your life, with special reference to the
      circumstances surrounding your decision for a full-time church vocation;
d. A description of any social or cultural influences upon you which have been significant in your life;
e. A description of your current goal in life, both professional and personally;
f. Discussion of the kind of experiences which are most likely to make you anxious or uncomfortable and your characteristics ways of responding to such experiences;
g. Explanation or recent circumstances which have encouraged you to apply for this education and training.
h. Your understanding or expectations of CPE and what you wish to happen in this learning experience.
i. List your strengths and weaknesses, as you understand them at this time for entering a CPE program.

2. If you have had previous CPE, include copies of both your Final Evaluation(s) and those of your Supervisor(s). If you have had an Admission's Screening Interview for CPE, include a copy of the report.

3. Describe an incident in which you attempted to make a pastoral response to a family or a person experiencing a crisis.

4. Indicate if you have ever sought counseling or psychotherapy. Using your own discretion describe what this experience meant to you.

5. Indicate how you plan to finance your CPE training.

VI. References:

Please select two references, one from your faith group and the other from an academic context. The faith group reference can be from your pastor, rabbi, bishop or a clergy person who has known you in the pastoral role. The academic reference should be from a professor or advisor who has known you as a college or seminary student.

Please send the recommendation form to each reference. They should complete and return to you in a signed and sealed envelope. Mail the two envelopes, $30.00 application fee and your completed application form to:

Rev. Cary J. Melvin
CPE Admissions Coordinator
Cape Fear Valley Medical Center
Program For Clinical Pastoral Education
1638 Owen Drive
Fayetteville, NC 28304
PO Box 2000 28302-2000
I certify that: (a) no conviction, discipline (including fine or incarceration) or corrective action arising from a complaint of unethical or felonious conduct has been imposed on me, and no complaint against me for unethical or felonious conduct is pending in a civil, criminal, ecclesiastical, employment or another professional organization forum; and (b) I have never resigned, been transferred or terminated, nor negotiated a settlement from a position for reasons related to unethical or felonious conduct.

Applicant’s Signature: ____________________________________________________________

If the above cannot be certified, please attach an account of the complaint including the forum, the charges, and the final outcome. Provide the names of people involved in the process that you authorize to provide full information to Cape Fear Valley representatives. Prior actions are not an automatic bar to being accepted in the CPE program. Each situation will be evaluated on its own merits by our Admission Committee and other consultants from our Professional Advisory Group, Legal Department, and Human Resources, as needed. Decisions of the Admission Committee are final and not subject to appeal.

I understand that as a condition of my application and of my employment, should I be hired, that I will provide the Program for Clinical Pastoral Education through the CPE supervisor with timely notice of any current unresolved complaint or of any future complaints of unethical or felonious conduct filed against me. I agree to provide this in writing in a timely fashion and will submit any relevant information requested regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or provide accurate, full and truthful information may be grounds for nullifying my application or for dismissal from the Program of Clinical Pastoral Education.

Applicant’s Signature: ____________________________________________________________

READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this entire application and its attachments is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I, therefore, authorize my former employers, persons listed as references and other persons or organizations listed to provide this information and I release all concerned from any liability in connection therewith. I also understand that the application fee is not refundable.

Applicant's Signature: ___________________________ Date: ____________________

Applicant’s Name _________________________________________________________________
The Reference Giver

Name: ________________________________________________

Name of Organization: __________________________________

Your Position: ________________________________________

Mailing Address: _______________________________________

Contact Phone (              ) ___________________________

E-Mail: ____________________________

How long have you known the applicant? _______________________

In what capacity? _______________________________________

Signature: ____________________________________________

Date: _________________________________________________

If you have any questions, please contact Rev. Cary Melvin, Cape Fear Valley CPE Admissions Coordinator, at (910) 615-6363 or (919) 433-6183. Thank you for participating in our assessment of the applicant's readiness for Clinical Pastoral Education.

Please return your completed reference to the applicant in a sealed and signed envelope.

Reference for: ________________________________

(Name of Applicant)

Please evaluate the applicant on the following scale by checking the appropriate box:

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<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Weak</th>
<th>Very Weak</th>
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Please add any comments regarding the applicant as pastor, student and person.
Reference for: ______________________ (Name of Applicant)

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If you have any questions, please contact Rev. Cary Melvin, Cape Fear Valley CPE Admissions Coordinator, at (910) 615-6363 or (910) 303-1021. Thank you for participating in our assessment of the applicant's readiness for Clinical Pastoral Education.

Please return your completed reference to the applicant in a sealed and signed envelope.
BACKGROUND CHECK DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees, and property, Cape Fear-Cumberland Cnty Hospital (the “Company”) will order a “consumer report” (a background check) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background checks on you for employment purposes. The Company may order an “investigative consumer report.” An “investigative consumer report” is a background check that includes information from personal interviews (except in California, where that term includes background checks with and without personal interviews). The most common form of investigative consumer report is an investigation into your employment history.

The background check company, Private Eyes, Inc., will prepare the background report for the Company. Private Eyes, Inc. is located at 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598, and can be reached toll free at 877-292-3331. The privacy policies for Private Eyes Inc. may be found at its website at www.privateeyesinc.com.

The background check may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, credit worthiness, credit capacity and credit standing. The types of information that may be ordered include, but are not limited to: criminal, public, educational, military and motor vehicle records checks; verification with the Department of Transportation; verification of prior employment and income; reference, licensing, and certification checks; credit reports; and Social Security number verification. Information may be obtained from private and public record sources (including individuals, corporations, partnerships, law enforcement agencies, institutions, schools, credit bureaus, state licensing agencies and past and present employers), and for investigative consumer reports, from personal interviews with your associates, friends and neighbors. Such inquiries may request information regarding instances of harassment, violence, theft or fraud. You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company at 190 W Wiget Lane, Suite 220, Walnut Creek, CA 94598.

STATE SPECIFIC NOTICES

If you live or work for the Company in any of the states listed below, please note the following:

CONNECTICUT: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include assessing whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

CALIFORNIA: You have a right to view the file that Private Eyes, Inc. has with your information, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You also may ask for a file-summary by telephone. Private Eyes, Inc. can answer questions about information in your file including any coded information. If you come to their offices in person, another person can join you, so long as that person can show proper identification. The Company will only obtain and use information about your credit history information only as allowed by applicable state law. You may request more information by contacting the Company.

MAINE: If you contact the Company, you have the right to know within 5 business days whether the Company ordered an investigative consumer report about you, and if so, also to the address and telephone number of the nearest office for Private Eyes, Inc. You have the right to ask Private Eyes, Inc. for a copy of any such report and to promptly receive the copy from Private Eyes, Inc.

MARYLAND: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.
MASSACHUSETTS: If you contact the Company, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask Private Eyes, Inc. for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to Private Eyes, Inc. for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. Private Eyes, Inc. must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to Private Eyes, Inc. for a copy of any investigative consumer report the Company ordered about you.

NEW YORK: If you contact the Company, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the address and telephone number for Private Eyes, Inc. You have the right to contact Private Eyes, Inc. to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided below.

OREGON: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include assessing whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

WASHINGTON STATE: If you submit a written request to the Company, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within 5 days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act. The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include assessing whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

BACKGROUND CHECK AUTHORIZATION

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background check, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background checks, including investigative consumer reports, during my employment without asking me for my authorization again, as allowed by law.

I also authorize all of the following to disclose to Private Eyes, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; the Department of Transportation, the military and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to Private Eyes, Inc. and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, and may include inquiries regarding workers’ compensation, harassment, violence, theft or fraud.
I agree that, as allowed by law, the Company may rely on this authorization to order background checks from companies other than Private Eyes, Inc. without asking me for my authorization again. I also agree that a copy of this form is valid like the signed original.

I promise that all of my personal information on this form is true and correct and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name ________________________________ First _______________ Middle _________

Maiden Names ____________________________ Years Used _________

Other Names ____________________________ Years Used _________

Social Security Number ____________________________

Driver’s License Number ____________________________ State __

Other Driver’s Licenses Held in Past 5 Years (include states) ____________________________

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Present Street Address ____________________________

City/State/ZIP ________________________________________________

Residential Addresses Within Seven Years (use a separate sheet as needed)

Prior Street Address ____________________________

City/State/ZIP ________________________________________________

From ____/____/____ (Month/Day/Year)      To ____/____/____ (Month/Day/Year)

Prior Street Address ____________________________

City/State/ZIP ________________________________________________

From ____/____/____ (Month/Day/Year)      To ____/____/____ (Month/Day/Year)

____________________________________   ____/____/____

Signature                  Date: (Month/Day/Year)

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

Client Account Number: 927122 Cape Fear-Cumberland Cnty Hospital

**Requested by: Ruby Rodriguez
**Email: rrodr2@capefearvalley.com
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 www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

- You must be told if information in your file has been used against you. Anyone who uses a credit report, 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 www.consumerfinance.gov/learnmore 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 mortgage lender.

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

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- 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 years old, or bankruptcies that are more than 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.

- 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.consumerfinance.gov/learnmore.

- 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 1-800-XXX-XXXX

- You may seek damages from violators. If a consumer reporting agency, or in some cases, a users 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.consumerfinance.gov/learnmore.
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 information about your federal rights, contact:

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<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
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<tr>
<td>1.a. Banks, savings associations, and credit unions with total assets over $10 billion and their affiliates</td>
<td>a. Bureau of Consumer Financial Protection&lt;br&gt;1700 G Street NW&lt;br&gt;Washington, DC 20006</td>
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<td>b. Federal Trade Commission: Consumer Response Center - FCRA&lt;br&gt;Washington, DC 20580&lt;br&gt;(877) 382-4357</td>
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<td>b. Such affiliates that are not banks, saving associates, or credit unions also should list, in addition to the Bureau:</td>
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<td></td>
<td>a. Office of the Comptroller of the Currency&lt;br&gt;Customer Assistance Group&lt;br&gt;1301 McKinney Street, Suite 3450&lt;br&gt;Houston, TX 77010-9050</td>
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<td>b. Federal Reserve Consumer Help Center&lt;br&gt;P.O. Box 1200&lt;br&gt;Minneapolis, MN 55480</td>
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<td>c. FDIC Consumer Response Center&lt;br&gt;1100 Walnut Street, Box #11&lt;br&gt;Kansas City, MO 64106</td>
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<td>d. National Credit Union Administration&lt;br&gt;Office of Consumer Protection (OCP)&lt;br&gt;Division of Consumer Compliance and Outreach (DCCO)&lt;br&gt;1775 Duke Street&lt;br&gt;Alexandria, VA 22314</td>
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<td>2. To the extent not included in item 1 above:</td>
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<td>a. National banks, federal savings associations, and federal agencies of foreign banks</td>
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<td>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</td>
<td>a. Office of the Assc. General Counsel for Aviation Enforcement &amp; Proceedings&lt;br&gt;Department of Transportation&lt;br&gt;400 Seventh Street SW&lt;br&gt;Washington, DC 20590</td>
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<tr>
<td>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</td>
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<td>d. Federal Credit Unions</td>
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<td>3. Air carriers</td>
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<td>4. Creditors Subject to Surface Transportation Board</td>
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<td>5. Creditors Subject to Packers and Stockyards Act</td>
<td>Nearest Packers and Stockyards Administration area supervisor</td>
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<td>6. Small Business Investment Companies</td>
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<td>7. Brokers and Dealers</td>
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<td>a. Office of the Comptroller of the Currency&lt;br&gt;Customer Assistance Group&lt;br&gt;1301 McKinney Street, Suite 3450&lt;br&gt;Houston, TX 77010-9050</td>
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<td>b. Federal Reserve Consumer Help Center&lt;br&gt;P.O. Box 1200&lt;br&gt;Minneapolis, MN 55480</td>
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<td>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</td>
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FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20850<br>(877) 382-4357
§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

1. "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
2. "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
3. "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
4. "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

1. there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
2. the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
   a. The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
   b. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
   c. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
   d. The time which has elapsed since the occurrence of the criminal offense or offenses.
   e. The age of the person at the time of occurrence of the criminal offense or offenses.
   f. The seriousness of the offense or offenses.
   g. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
   h. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.