



## Criminal Record Check Compliance Certification

**This form must be completed in full.**

**Please send completed form to Supplier Programs at: [BIPProviderapp@icbc.com](mailto:BIPProviderapp@icbc.com)**

\_\_\_\_\_  
FULL LEGAL BUSINESS NAME OF SERVICE PROVIDER

I, \_\_\_\_\_;  
PRINT NAME, POSITION, TITLE

am an authorized signatory of the above noted Service Provider.

I understand that the *Criminal Records Review Act* (the "CRRRA") applies to ICBC and that ICBC desires to ensure that its Customers receive appropriate Services, as that term is defined in the Health Care Services Terms, in compliance with the CRRRA. Therefore, the Service Provider agrees to ensure that all Team Members providing the Services to ICBC customers undergo a Criminal Record Check as set out in the Personal Care Assistance Services Program Guide. The Services Provider agrees that:

- a) all Team Members providing Services understand their Criminal Record Check obligations;
- b) all Criminal Record Checks have been completed before the delivery of Services and are current at all times;
- c) it will demonstrate compliance when requested by ICBC;
- d) it will promptly report to ICBC if any Team Members providing Services are charged with or convicted of an offence listed in the CRRRA; and
- e) it will not allow any Team Member to provide Services to an ICBC Customer if they do not have a clear Criminal Record Check or there has been a determination that the Team Member poses a "risk" under the CRRRA or as determined by ICBC. The Service Provider must replace that Team Member with another Team Member that has a clear Criminal Record Check or that does not pose a "risk".

The Service Provider understands that a breach of the provisions relating to Criminal Record Checks constitutes cause within the meaning of the Termination Provisions of the Health Care Services Terms and may result in immediate termination.

ACKNOWLEDGED AND AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_

PER \_\_\_\_\_;  
(Signature of Authorized signatory of Services Provider)

\_\_\_\_\_  
(Name and Title)