



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**EMPLOYEE DISQUALIFICATION UNIT**

**HOW TO SUBMIT:**

Scan and email to: [CRA-EDL@health.mo.gov](mailto:CRA-EDL@health.mo.gov) or

Fax to: 573-522-8463 or

Mail to: **ATTN: EDL Unit, PO Box 570, Jefferson City Missouri 65102-0570**

**CONSUMER REPORTING AGENCY  
 EMPLOYEE DISQUALIFICATION LIST CHECK**

**CONSUMER REPORTING AGENCIES CAN PERFORM EDL CHECKS FOR THE FOLLOWING ENTITIES PER 660.315.11 (7):**

- Is licensed as an operator under chapter 198;
- Provides in-home services under contract with the department;
- Is an entity licensed under chapter 197; or
- Is a recognized school of nursing, medicine, or other health profession for the purpose of determining whether students scheduled to participate in clinical rotations with entities described in subdivision (1), (2), or (5) of this subsection are included in the employee disqualification list.

**BLOCK I – CONSUMER REPORTING AGENCY**

AGENCY NAME		AGENCY TELEPHONE	
AGENCY ADDRESS	CITY	STATE	ZIP CODE

**BLOCK II – EMPLOYER’S INFORMATION**

COMPANY NAME		COMPANY TELEPHONE	
COMPANY ADDRESS	CITY	STATE	ZIP CODE

COMPANY TYPE (CHECK ONE)

- OPERATOR LICENSED UNDER CHAPTER 198       ENTITY LICENSED UNDER CHAPTER 197  
 IN HOMESEVICES PROVIDER       HEALTH PROFESSION SCHOOL

**BLOCK III EMPLOYEE TO BE CHECKED \*SSN IS REQUIRED TO GENERATE A CONFIRMATION NUMBER FOR ALL EDL CHECKS**

NAME	SSN - -
------	------------

**BLOCK IV – VERIFICATION (FOR DHSS / EDL USE ONLY)**

**CONFIRMATION NUMBER**

RESULTS

**INDIVIDUAL:**

IS ON EMPLOYEE DISQUALIFICATION LIST  
 IS **NOT** ON EMPLOYEE DISQUALIFICATION LIST

AS OF THIS DATE BY THIS NAME, THIS SOCIAL SECURITY NUMBER

VERIFIED BY	DATE
-------------	------