



# Overview of the Criminal Background Check Process

Dear License Applicant:

This Criminal Background Check Packet has been sent to you because you have applied for licensure with one of Minnesota's Health Licensing Boards. Minnesota law and Board policy now require that all applicants must complete a fingerprint-based criminal background check. See Minn. Stat. § 214.075.

The Minnesota Health Licensing Boards have cooperatively established a Criminal Background Check Program to help you efficiently complete this requirement. Included in this packet are **Instructions For Getting Fingerprints Taken** and a **Mailing Checklist**. Please direct any questions you have about the background check process to Criminal Background Check Program staff, and not the Board.

To complete the background check, you must do the following:

1. Submit your application and pay all fees to the Board. The background check fee is included in this payment.
2. Complete Forms 1 – 3. (attached) \*\*\*Note: **Both you and law enforcement staff must sign Form 3.**\*\*\*
3. Have high quality fingerprints taken by either:
  - A law enforcement agency in any state or country; or
  - The Minnesota Criminal Background Check Program

\*\*\*Note: **Fingerprints taken by private companies cannot be accepted. Law enforcement only.**\*\*\*

4. If prints are taken at a law enforcement agency, you will mail a **hardcopy fingerprint card** and **Forms 1-3** to the Criminal Background Check Program at the address below.
5. If prints are taken at the Criminal Background Check Program, **Forms 1-3** will be collected during fingerprinting. A hardcopy fingerprint card is not needed in this instance.

Your submissions will be forwarded to the Minnesota Bureau of Criminal Apprehension (BCA) and the Federal Bureau of Investigation (FBI). They will be checked for criminal conviction records and Predatory Offender Registration data. The results will be sent to the Board to evaluate your qualifications for licensure. The Board will contact you if additional information is needed.

### **Important: High Quality Fingerprints Required**

The background check requires a set of high quality fingerprints. Poor quality prints will be rejected by the FBI, which requires you to start the background check process over again by providing new fingerprints. To avoid the weeks of delay that this causes, please see **Important Tips To Improve Fingerprint Quality**. (attached)

### **Prior Background Checks Cannot Be Used Again**

The Board is unable to use any previous background check you may have undergone for work, military, other licensing, or any other purpose. Federal law prohibits sharing fingerprint and criminal history information. You need to be fingerprinted again for the current license you are seeking.

Please email or call if you have any questions about the criminal background check process, or if you would like to schedule an appointment for fingerprinting at our office in Minneapolis, MN. Most appointments take 10-15 minutes.

Criminal Background Check Program  
2829 University Avenue SE, Suite 555  
Minneapolis, MN 55414-4202

[cbc.staff@state.mn.us](mailto:cbc.staff@state.mn.us)  
(651) 201-2822

# Instructions For Getting Fingerprints Taken

You must have your fingerprints taken by either:

1. An employee of a government law enforcement agency in **any** state or country; or
2. Staff at the Criminal Background Check Program office in Minnesota.

**\*\*\*NOTE: The Board cannot accept fingerprints taken by private companies. Law enforcement only.\*\*\***

## **IDENTITY VERIFICATION**

The person taking your fingerprints must confirm your identity with a valid, government-issued photo ID card. Examples of acceptable photo ID include a driver's license, passport, military ID, or other government-issued photo ID.

When your prints are taken, both you and the person taking your fingerprints sign **Form 3: Identify Verification**. At that time both of you also sign the **Fingerprint Card**.

## **PRINTS TAKEN BY LOCAL LAW ENFORCEMENT REQUIRE A HARDCOPY FINGERPRINT CARD**

Ask the police agency to **print a hardcopy card** for you to **mail** to the Criminal Background Check Program. Use an "FD-258" ("Applicant") fingerprint card. Most police agencies will have cards available, however some locations may require you to bring your own fingerprint card. If you need a hardcopy card mailed to you, please contact the MN Criminal Background Check Program at [cbc.staff@state.mn.us](mailto:cbc.staff@state.mn.us) or (651) 201-2822.

## **USE THE CORRECT "ORI" NUMBER FOR YOUR BOARD**

Fingerprint cards must include the Originating Agency (ORI) Number for your Board. The MN Board ORI numbers are listed at the bottom of this page. If the law enforcement agency can only print their own ORI number, then **write in** the appropriate MN Board ORI number in the space on the hardcopy fingerprint card they give you. For more information, see the attached document, "When & How To Fill Out Fingerprint Card."

## **WHERE CAN FINGERPRINTS BE TAKEN?**

### 1. **Local Law Enforcement in any State or Foreign Country**

Contact local law enforcement agencies in your area to determine: (1) do they offer fingerprinting; (2) what days/times is fingerprinting available; (3) do they want you or their own staff to fill out the fingerprint card; and (4) is there a fee? Local agencies may charge a fingerprinting fee that is separate from the fee you pay to the Board. Not all police agencies take fingerprints, or their hours may be limited. Call first to check their policies and set up an appointment. Some examples of Local Law Enforcement Agencies to check include: County Sheriff, State Crime Bureau, City Police, Tribal Police, State Patrol, Licensed Campus Police, Military Police, or any other government law enforcement agency. Even if your local police agencies do not do fingerprinting, check other neighboring jurisdictions that are convenient. Depending on your location, a short drive across the border into a different nearby county or state may work for you!

### 2. **Criminal Background Check Program in Minnesota**

Criminal Background Check Program 2829 University Ave SE, Suite 555 Minneapolis, MN 55414-4202 651-201-2822	Hours: 8:30 am - 12:00 pm M – F 1:00 pm - 4:00 pm M,W,Th,F (No fingerprinting Tuesday afternoons) <b>CALL FIRST for appointment</b>	Method: LiveScan Cost: no charge for fingerprinting <a href="mailto:cbc.staff@state.mn.us">cbc.staff@state.mn.us</a>
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### 3. **Bureau of Criminal Apprehension (BCA) in Minnesota**

1430 Maryland Ave East St. Paul, MN 55106 (651) 793-7000	Hours: 8:00 am to 4:00 pm M – F <a href="https://dps.mn.gov/divisions/bca/Pages/Fingerprinting.aspx">https://dps.mn.gov/divisions/bca/Pages/Fingerprinting.aspx</a>	Method: LiveScan Cost: \$10 per fingerprint card Payment: cash, check, money order
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## **WHAT TO BRING TO FINGERPRINTING APPOINTMENT?**

- \_\_\_\_\_ 1. **Forms 1-3** (enclosed). \*\*\*Reminder: **BOTH** you and law enforcement staff **sign** Form 3.
- \_\_\_\_\_ 2. Valid government-issued **photo ID**.
- \_\_\_\_\_ 3. An acceptable **payment** method for any fee the police agency charges for fingerprints.
- \_\_\_\_\_ 4. Depending on the police agency you use, you **may** need to supply a **Fingerprint Card**. If your police agency requires you to bring your own hardcopy card, then contact the Criminal Background Check Program at [cbc.staff@state.mn.us](mailto:cbc.staff@state.mn.us) or 651-201-2822.

<b><u>Board</u></b>	<b><u>ORI</u></b>	<b><u>Board</u></b>	<b><u>ORI</u></b>
Dentistry	MN920143Z	Nursing	MN920147Z
Physical Therapy	MN920146Z	Psychology	MN920145Z
Veterinary Medicine	MN920149Z		

# When & How To Fill Out Fingerprint Card

## **DO NOT START FILLING OUT THE FINGERPRINT CARD YET!**

- You do **NOT** need a fingerprint card if prints are taken at the MN Criminal Background Check Office.
- Prints taken anywhere else must produce a **hardcopy** Fingerprint Card (use form FD-258) that you will **mail** to us.
- **Some police agencies want their staff to fill in the required fields on the card as part of the fingerprinting process.**
- **BEFORE filling out the fingerprint card, check with the police agency so you know their preferred process.**
- Card must include Originating Agency Identification # (**ORI Number**) for your MN health Board. (see numbers below)
- If necessary, you may cross out incorrect ORI numbers and write in the correct MN Board ORI number on the card.
- Required fields are listed below, and on the enclosed "Sample Fingerprint Card." Type or print legibly, in black ink.
- Stay within the field blocks. Do not overlap the blue lines. **DO NOT FOLD OR STAPLE FINGERPRINT CARD.**

	<b><u>Field Name</u></b>	<b><u>Description / Format Instructions</u></b>
1	Name	Last Name followed by a comma (,) then First and Middle Name (if any). Suffix denoting seniority (Jr., Sr., III, etc.) should follow the middle or first name.
2	Signature Of Person Fingerprinted	<b><u>DO NOT SIGN UNTIL</u></b> the time of fingerprinting. The person taking your fingerprints must personally watch you sign the fingerprint card.
3	Residence of Person Fingerprinted	Enter <b>residence</b> address, not <b>mailing</b> address (unless they are the same).
4	Date	The date you were fingerprinted, using six numbers. (June 08, 2001 = 06/08/01)
5	Signature of Official Taking Prints	Law Enforcement Agency employee signs here. (No private vendors.)
6	Reason Fingerprinted	POR 214 075
7	Aliases/AKA	Write any alias names used, including maiden name, prior name or any other legal name.
8	Citizenship	Write "U.S." if citizen of United States, otherwise write out name of country of citizenship.
9	Social Security No.	Write Social Security Number, if you have one.
10	Date of Birth	Your date of birth, using six numbers. (June 14, 2004 = 06/14/04)
11	Place of Birth	Enter two-letter postal abbreviation for birth State, or spell out name of a foreign country.
12	Sex	F = Female M = Male

### **Use the abbreviations listed below for the physical description items in fingerprint card fields 13 - 17:**

13	<b>Race</b>	A = Asian / Pacific Islander	I = American Indian / Alaskan Indian	U = Unknown
		B = Black	W = White or Hispanic	

14	<b>Height (HGT)</b>	Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. EX: four feet, eight inches = "408", six feet, two inches = "602" <b>DO NOT USE METRICS</b>
15	<b>Weight (WGT)</b>	Express in pounds. Do not use fractions of a pound; round off to the nearest pound. EX: one-hundred twenty pounds = "120" <b>DO NOT USE METRICS</b>

16	<b>Eye Color</b>	BLK = Black	BRO = Brown	GRN = Green	MAR = Maroon	PNK = Pink
		BLU = Blue	GRY = Gray	HAZ = Hazel	MUL = Multicolored	XXX = Unknown

17	<b>Hair Color</b>	BLK = Black	BRO = Brown	GRY = Gray	SDY = Sandy	BLU = Blue
		PNK = Pink	PLE = Purple	WHI = White	RED = Red or Auburn	ONG = Orange
		BLN = Blond or "strawberry"	BAL = Bald	XXX = Unknown		

<b><u>Board</u></b>	<b><u>ORI</u></b>	<b><u>Board</u></b>	<b><u>ORI</u></b>
Dentistry	MN920143Z	Nursing	MN920147Z
Physical Therapy	MN920146Z	Psychology	MN920145Z
Veterinary Medicine	MN920149Z		

# Sample Fingerprint Card

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV.12-10-07)		SIGNATURE OF PERSON FINGERPRINTED ② <i>John Joseph Sample</i>		LAST NAME NAM ① Sample, John Joseph		FIRST NAME		MIDDLE NAME		DATE OF BIRTH DOB Month Day Year ⑩ 06/14/04	
RESIDENCE OF PERSON FINGERPRINTED ③ 123 First Street SW Anytown, MN 00000		ALIASES AKA ⑦ Johnny Sandstone		CITIZENSHIP CTZ ⑧ U.S.		SEX M		RACE W		HGT. - 408	
DATE ④ 05-01-15		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS ⑤ <i>Officer Smith</i>		YOUR NO. OCA		WGT. 120		EYES BLU		HAIR BLO	
EMPLOYER AND ADDRESS		FBI NO. FBI		ARMED FORCES NO. MNU		⑫		⑬		⑭	
REASON FINGERPRINTED ⑥ POR 214 075		SOCIAL SECURITY NO. SOC ⑨ 123-45-6789		MISCELLANEOUS NO. MNU		⑮		⑯		⑰	
						CLASS		REF.			
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

SAMPLE

Please see enclosed document: "**When & How To Fill Out Fingerprint Card**" for explanation of required numbered fields you must fill out, and to locate proper codes to use for your particular race, hair and eye color.

<u>Board</u>	<u>ORI</u>	<u>Board</u>	<u>ORI</u>
Dentistry	MN920143Z	Nursing	MN920147Z
Physical Therapy	MN920146Z	Psychology	MN920145Z
		Veterinary Medicine	MN920149Z

# Mailing Checklist

**DO NOT** send in a fingerprint card or come in for a fingerprinting appointment until you have **FIRST** paid all application fees and submitted your application to the Board.

- \_\_\_\_\_ 1. **FORM 1 - Informed Consent: Criminal Background Check for Licensure**
  - a. All information filled out?
  - b. Signed by you?
- \_\_\_\_\_ 2. **FORM 2 - Informed Consent: Release of Predatory Offender Registration Data**
  - a. All information filled out?
  - b. Signed by you?
- \_\_\_\_\_ 3. **FORM 3 - Identity Verification Form.**
  - a. All information filled out?
  - b. Law Enforcement Agency Employee personally reviewed your valid government-issued photo ID at time of fingerprinting?
  - c. Signed by you, while being observed by person who took your fingerprints?
  - d. Signed by Law Enforcement Agency Employee who took your fingerprints?
- \_\_\_\_\_ 4. **Hardcopy Fingerprint Card**
  - a. You must submit a hardcopy fingerprint card, unless you have your fingerprints taken at the MN Criminal Background Check Program.
  - b. Do not fold or staple fingerprint card.
  - c. All required fields completed per instructions?
  - d. Correct ORI Number for MN Board printed (or handwritten) on card?
  - e. Signed by you, while being observed by person who took your fingerprints?
  - f. Signed by Law Enforcement Agency Employee who took your fingerprints?
- \_\_\_\_\_ 5. **Return Envelope**
  - a. Write your applicable MN Board name in parenthesis below **your** return address on the envelope you use to send us your materials. This speeds mail sorting and saves time in processing your background check.



YOURNAME  
YOURSTREET  
YOURCITY, YOURSTATE YOURZIP  
(MN Board of \_\_\_\_\_)  
Your Board

- \_\_\_\_\_ 6. Use appropriate postage and **send your materials to:**

**Criminal Background Check Program  
2829 University Avenue SE, Suite 555  
Minneapolis, MN 55414-4202**

**NOTE: To avoid delay, mail your materials directly to the Criminal Background Check Program. Do not send them to the Board, or it will delay the background check.**

# Important Tips To Improve Fingerprint Quality

Minn. Stat. § 214.075 requires a fingerprint-based criminal background check to obtain health professional licensure. To fulfill this requirement, the applicant must provide high quality fingerprints that will be transmitted to the FBI.

## Some people have their fingerprints rejected by the FBI as “**unclassifiable.**”

### Why Is This Important To Me?

Most criminal history results are received within 2-3 weeks. When the FBI rejects your fingerprints, you have to start the background check **over again** by providing **new fingerprints**. 2-3 weeks easily becomes 4-6 weeks, 6-9 weeks, or more!

**What Causes This?** Some factors that can increase the chance of fingerprints being rejected include:

- people who do a lot of work with their hands
- people who wash/disinfect their hands repeatedly
- people who are very active in their personal lives, including activities that are hard on fingertips, such as lifting weights, rock climbing, doing yoga, playing guitar, and even gardening!
- people who handle a lot of paper or spend a lot of time typing
- exposure to chemicals: such as bleach, chlorine, acetone, antibacterial products, soaps, etc.
- age: skin becomes smoother and fingertip ridges are harder to capture as you get older
- ethnicity: some ethnic groups have naturally fine/smooth skin, e.g. asian, scandinavian, german

The combination of these factors leaves some people with very smooth or dry skin and “worn down” fingertip ridges.

**To help minimize the chance of delays caused by poor quality fingerprints, you can do the following:**

#### 1. LOTION

The best thing you can do to avoid having your fingerprints rejected is to **moisturize!** Start using lotion on your fingertips at least twice daily for several days before fingerprints are taken. This improves fingerprint quality by reducing dryness and helping skin ridges to heal.

#### 2. LIVESCAN

If possible, license applicants should try to find a law enforcement agency that uses LiveScan (digital) fingerprint technology. Ink fingerprints are legally acceptable, but digital equipment produces better images. Prints must be taken **either** at the Minnesota Criminal Background Check Program office or by an employee of a law enforcement agency. (No private vendors.) The police agency does **not** need to digitally transmit your prints. They merely need to digitally scan your fingerprints and print out a hardcopy fingerprint card that you mail in. There are many police agencies to try: County Sheriffs, State Crime Bureaus, City Police, State Patrol, Federal Law Enforcement, and even licensed campus police. If local police agencies do not do fingerprinting, check other neighboring jurisdictions that are convenient. Depending on your location, a short drive over the border into a different nearby county or state may work for you! Call if you need help finding law enforcement near you that provides fingerprinting.

#### 3. “LIFT LESS”

Lifting weights is hard on fingertips—especially free weights like dumbbells or kettlebells. At the end of each repetition the weight in motion is stopped by your fingertips squeezing more tightly against the moving weight. Even with very light weights, this has the effect of literally “scraping” the weight against the ridges of your fingertips. This causes breaks, tears, and wearing down of the skin ridges that are essential for high quality fingerprints. To maximize fingerprint quality, avoid using weights for several days before your fingerprints are taken. In addition, avoid other activities that are hard on fingertips or dry out your skin, such as rock climbing, or exposure to chemicals & cleaners, getting a manicure, etc.

Please email or call if you have any other questions about fingerprinting or the background check process overall.



These are ink fingerprints from a person who lifts weights 2-3 time/week.

**MN Health Licensing Boards**  
**Criminal Background Check Program**  
651-201-2822  
[cbc.staff@state.mn.us](mailto:cbc.staff@state.mn.us)



This is a LiveScan fingerprint from a person who moisturized & avoided “hard” activity for 5 days.

# Fingerprint Ridgeline Improvement Over Time With Regular Lotion & Reducing Activities That Are Hard On Fingertips:



Work



Way Of Life

Washing



Moisturize At Least 2-3x Per Day, And "Go Easy" On Your Hands To Get Better Prints





Criminal Background Check Program  
2829 University Avenue SE, Suite #555  
Minneapolis, MN 55414-4202

## Informed Consent: Criminal Background Check For Licensure

Pursuant to **Minn. Stat. § 214.075**, a criminal background check is required for the initial license or continuing licensure for which you have applied with one of the Minnesota Health Licensing Boards.

**TENNESSEN WARNING:** The information below, your fingerprints, and other identification information on the fingerprint card are being requested so that a criminal background check can be conducted to determine whether you are qualified for licensure. You are not legally required to provide the requested information; however, failure to provide this information will result in the Board denying you licensure, as Minn. Stat. § 214.075, subd. 4, prohibits the Board from issuing a license to anyone "...who refuses to consent to a criminal background check or fails to submit fingerprints within 90 days after submission of an application for licensure." Additionally, failure of an applicant or licensee to provide the requested information is grounds for disciplinary action by the Board. Some charges or convictions may preclude licensure, while others will not automatically remove you from consideration for licensure. This is dependent upon the nature of the charge or conviction, the particular licensure statute that applies to you, and the Board's determination of whether the charge or conviction directly relates to the license and your ability to fulfill license requirements.

Your Current Name, Former Names, and Date of Birth will be used to help positively establish your identity and to conduct a criminal background check. Your Sex as requested below refers to your biological status, and will be used to help positively establish your identity and to conduct a criminal background check. Your fingerprints and other identification information will be collected on a separate fingerprint card, and these also will be used to positively establish your identity and to conduct a criminal background check.

Providing your Social Security Number on the fingerprint card is optional for purposes of this background check; however, if provided, this additional identifying information is helpful in ensuring that any criminal background records obtained are yours, and not records relating to another person.

Access to the data you provide and any criminal history information the Board receives will be limited to individuals within the Board whose job duties reasonably require access, such as Board staff responsible for licensing, investigation, discipline, and others involved in the licensure or background check process. The BCA, the FBI, and the Office of the Legislative Auditor will also have access to the information you provide. The information could also be released in response to a court order. The BCA and the FBI will not retain submitted fingerprints except for a limited time for auditing purposes.

By signing below, you authorize the Board to send this information, your fingerprints and other identification information on the fingerprint card to the BCA and FBI to conduct a criminal background check under Minn. Stat. § 214.075. You authorize those agencies to send the Board, through its Criminal Background Check Program, any criminal history information that they possess.

***I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of licensure or disciplinary action by the Board.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This authorization for release of data expires one year from the date of signature.*

The Board is requesting both State and Federal checks on this person (fingerprint card submitted)

PLEASE PRINT LEGIBLY AND USE YOUR COMPLETE NAME, INCLUDING MIDDLE NAME

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden, Alias or Former Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
*Month/Day/Year M or F*

MN Board you are applying to (i.e. "Dentistry," "Nursing," "Physical Therapy," etc.): \_\_\_\_\_

You may challenge the accuracy and completeness of any information contained in a criminal history report that is provided to the Board. The procedures to make such challenges are set forth in Minn. Stat. § 13.04; § 214.075, subd. 7; and Title 28 CFR § 16.34.

If you have questions about anything on this form, or if you would like more explanation, please contact the Criminal Background Check Program for the Minnesota Health Licensing Boards at [cbc.staff@state.mn.us](mailto:cbc.staff@state.mn.us) or (651) 201-2822.



Criminal Background Check Program  
2829 University Avenue SE, Suite #555  
Minneapolis, MN 55414-4202

## Informed Consent: Release of Predatory Offender Registration Data

Pursuant to Board policy, a Predatory Offender Registration (POR) check is required for the initial license or continuing licensure for which you have applied with one of the Minnesota Health Licensing Boards.

**TENNESSEN WARNING:** The information below is being requested so that a Predatory Offender Registration check can be conducted as part of an overall background check to determine whether you are qualified for licensure. You are not legally required to provide the requested information; however, failure to provide this information (except for Driver's License Number & Issuing State, Current Address, City, State & Zip Code, which are optional) may result in delay of your Predatory Offender Registration check, and a subsequent delay in the Board being able to reach a licensure decision. If there is Predatory Offender Registration data relating to you, that information will be evaluated by the Board in making a licensure determination. Some charges or convictions may preclude licensure, while others will not automatically remove you from consideration for licensure. This is dependent upon the nature of the charge or conviction, the particular licensure statute that applies to you, and the Board's determination of whether the charge or conviction directly relates to the license and your ability to fulfill license requirements.

Your Current Name, Former Names, and Date of Birth will be used to help positively establish your identity and to conduct a Predatory Offender Registration check. Your Sex as requested below refers to your biological status, and will be used to help positively establish your identity and to conduct a Predatory Offender Registration check.

Providing your Driver's License Number & Issuing State, Current Address, City, State & Zip Code, is optional; however, if provided, this additional identifying information is helpful in ensuring that any Predatory Offender Registration records obtained are yours, and not records relating to another person.

Access to the data you provide and any Predatory Offender Registration information the Board receives will be limited to individuals within the Board whose job duties reasonably require access, such as Board staff responsible for licensing, investigation, discipline, and others involved in the licensure or background check process. The BCA and the Office of the Legislative Auditor will also have access to the information you provide. The information could also be released in response to a court order. If you are determined to have Predatory Offender Registration records, the BCA may use information you provide to update your registration records, and also to notify appropriate authorities of any noncompliance with your registration requirements.

**By signing below, I authorize and grant my informed consent to the BCA to release to the Board, through its Criminal Background Check Program, any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to registrations which may have occurred when I was a juvenile.**

**I hereby release the BCA and the Board from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.**

**I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of licensure or disciplinary action by the Board.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*This authorization for release of data expires one year from the date of signature.*

**PLEASE PRINT LEGIBLY AND USE YOUR COMPLETE NAME, INCLUDING MIDDLE NAME**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden, Alias or Former Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

*Month/Day/Year*

*M or F*

Driver's License Number: \_\_\_\_\_ DL Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

MN Board you are applying to (i.e. "Dentistry," "Nursing," "Physical Therapy," etc.): \_\_\_\_\_

You may challenge the accuracy and completeness of any information contained in Predatory Offender Registration information that is provided to the Board. The procedures to make such challenges are set forth in Minn. Stat. § 13.04.

If you have questions about anything on this form, or if you would like more explanation, please contact the Criminal Background Check Program of the Minnesota Health Licensing Boards, at (651) 201-2822 or [cbc.staff@state.mn.us](mailto:cbc.staff@state.mn.us).



Criminal Background Check Program  
2829 University Avenue SE, Suite #555  
Minneapolis, MN 55414-4202

## Identity Verification Form For Fingerprinting

Pursuant to **Minn. Stat. § 214.075**, a criminal background check is required for the initial license or continuing licensure for which you have applied with one of the Minnesota Health Licensing Boards.

Your fingerprints must be taken by an employee of a law enforcement agency, or by staff at the Criminal Background Check Program. The Health Licensing Boards are **not** accepting fingerprints taken by private companies at this time.

### **INSTRUCTIONS FOR LICENSE APPLICANT:**

- \_\_\_ 1. Bring this Identity Verification Form to your fingerprinting appointment.
- \_\_\_ 2. Bring a valid government-issued photo ID to your fingerprinting appointment.
- \_\_\_ 3. While observed by the Law Enforcement Employee taking fingerprints, sign this form below AND also sign fingerprint card.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden, Alias or Former Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
*Month/Day/Year* *M or F*

Type of Photo ID: \_\_\_\_\_ Your Contact Phone #: \_\_\_\_\_  
*Driver License, Passport, Military ID, Tribal ID, etc.*

Government Entity that issued ID : \_\_\_\_\_ Your email address: \_\_\_\_\_  
*e.g. "Minnesota," "Iowa," etc.*

Photo ID Number: \_\_\_\_\_ Board applying to: \_\_\_\_\_  
*Driver's License Number, Passport Number, etc.* *e.g. "Dentistry," "Nursing," "Psychology" etc.*

\_\_\_\_\_  
*Signature of License Applicant*

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

**By signing above I certify that I am the Applicant and that the information I have provided is truthful. I authorize the Board to use the information I provide on this form to verify my identity.**

### **INSTRUCTIONS FOR LAW ENFORCEMENT AGENCY EMPLOYEE:**

(\*\*\*The MN Health Licensing Boards are **not** accepting fingerprints taken by private companies at this time.\*\*\*)

- \_\_\_ 1. Examine Applicant photo ID, then confirm ID type and photo ID # above.
- \_\_\_ 2. Have Applicant sign this form AND the fingerprint card in your presence.
- \_\_\_ 3. You sign and date below AND ALSO sign fingerprint card.
- \_\_\_ 4. Take fingerprints and return card to Applicant for mailing.

Law Enforcement Agency: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Law Enforcement Agency Employee: \_\_\_\_\_ Badge / Employee # (if any): \_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature of Law Enforcement Official or MN HLB CBC Staff*

\_\_\_\_\_  
*Date of Fingerprinting*

**By signing above I certify that I am an employee of a government law enforcement agency, that I personally examined the photo ID of the applicant, captured their fingerprints on an approved fingerprint card (FD-258), and personally observed them sign this form and the fingerprint card.**

If you have questions, please contact Criminal Background Check Program staff at (651) 201-2822 or [cbc.staff@state.mn.us](mailto:cbc.staff@state.mn.us).