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 initial license, license renewal or you are the subject of a Board investigation with one of the Minnesota 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 (CBCP) 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, not the Boards.

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: You must sign Form 3 in the presence of the person taking your fingerprints at the time your prints are taken; person taking your prints must then complete the bottom portion of Form 3.***
3. Have high quality fingerprints taken by one of the following:
   - The Minnesota Criminal Background Check Program (CBCP)
   - Law Enforcement Agency
   - Other qualified vendor
4. If prints are taken at a law enforcement agency or vendor location, you must mail a hard copy fingerprint card (FD-258) and Forms 1–3 to the CBCP office at the address below.
5. If prints are taken at the CBCP, Forms 1–3 will be collected during fingerprinting. A hard copy fingerprint card is not needed when prints are taken at the CBCP office.

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 submit a second set of fingerprints along with Form 3. To avoid potential weeks of delay, 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 license you are currently seeking and the result from this CBC may not be used for any other purpose.

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
[criminal.background.check@state.mn.us](mailto:criminal.background.check@state.mn.us)
(651) 201-2822

Vers. 3.2 (electronic), last updated on 2/15/2019
Instructions for Getting Fingerprints Taken

You must have your fingerprints taken by one of the following:
1. Staff at the Criminal Background Check Program office in Minnesota; or
2. Law enforcement agency; or
3. Other qualified vendor

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: Identity Verification. At that time both of you also sign the Fingerprint Card.

PRINTS NOT TAKEN BY CBC PROGRAM STAFF REQUIRE A HARD COPY FINGERPRINT CARD
Ask the fingerprinting agency to print a hard copy card for you to mail to the Criminal Background Check Program. Only an “FD-258” (“Applicant”) fingerprint card that displays the Privacy Act Statement on the back will be accepted. Most agencies will have cards available, however some locations may require you to bring your own fingerprint card. If you need a hard copy card mailed to you, please contact the MN Criminal Background Check Program at criminal.background.check@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 on the next page of this packet. 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 hard copy 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. Criminal Background Check Program in Minnesota
   Criminal Background Check Program
   2829 University Ave SE, Suite 555
   Minneapolis, MN 55414-4202
   BY APPOINTMENT ONLY!
   Method: LiveScan
   Cost: no additional charge for fingerprinting HLB applicants
   criminal.background.check@state.mn.us

2. Bureau of Criminal Apprehension (BCA) in Minnesota
   1430 Maryland Ave E
   St. Paul, MN 55106
   https://dps.mn.gov/divisions/bca/Pages/Fingerprinting.aspx
   (651) 793-7000
   Method: LiveScan
   Cost: $10 per fingerprint card
   Payment: cash, check, money order

3. Local Law Enforcement in any State or Foreign Country
   Contact local law enforcement agencies in your area to determine the following: (1) if they offer fingerprinting; (2) what days/times fingerprinting is available; (3) if they want you or your own staff to fill out the fingerprint card; and (4) if there is 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. Examples of local law enforcement agencies to contact include the following: county sheriffs, your state’s crime bureau, city police, tribal police, state patrol, licensed campus police, military police, and any other government law enforcement agency. Even if your local police agencies do not do fingerprinting, they can often recommend

4. Other qualified vendors

WHAT TO BRING TO FINGERPRINTING APPOINTMENT?
   ____ 1. Forms 1–3 (enclosed). ***Reminder: BOTH you and fingerprint technician must sign Form 3.
   ____ 2. Valid government-issued photo ID.
   ____ 3. An acceptable payment method for any fee the agency charges for fingerprints.
   ____ 4. Depending on the agency you use, you may need to supply a Fingerprint Card. If required to bring your own hard copy card, contact the Criminal Background Check Program at criminal.background.check@state.mn.us or 651-201-2822.
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 hard copy Fingerprint Card (use form FD-258) that you will mail to us.
- Some police agencies or vendors want their staff to fill out the card as part of the fingerprinting process.
- BEFORE filling out the fingerprint card, check with the police agency or vendor.
- Card must include Originating Agency Identification (ORI) for your Health Licensing 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.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description / Format Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Name</td>
<td>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.</td>
</tr>
<tr>
<td>2 Signature Of Person Fingerprinted</td>
<td>DO NOT SIGN UNTIL the time of fingerprinting. The person taking your fingerprints must personally witness your signature on the card.</td>
</tr>
<tr>
<td>3 Residence of Person Fingerprinted</td>
<td>Enter residence address, not mailing address (unless they are the same).</td>
</tr>
<tr>
<td>4 Date</td>
<td>The date you were fingerprinted, using six digits. (June 08, 2001 = 06/08/01)</td>
</tr>
<tr>
<td>5 Signature of Official Taking Prints</td>
<td>Law Enforcement Agency or vendor employee signs here.</td>
</tr>
<tr>
<td>6 Reason Fingerprinted</td>
<td>POR 214 075</td>
</tr>
<tr>
<td>7 Aliases/AKA</td>
<td>Write any alias names used, including maiden name, prior name or any other legal name.</td>
</tr>
<tr>
<td>8 Citizenship</td>
<td>Write &quot;US&quot; if citizen of United States, otherwise write out name of country of citizenship.</td>
</tr>
<tr>
<td>9 Social Security No.</td>
<td>Write Social Security Number, if you have one.</td>
</tr>
<tr>
<td>10 Date of Birth</td>
<td>Your date of birth, using six digits. (June 14, 2004 = 06/14/04)</td>
</tr>
<tr>
<td>11 Place of Birth</td>
<td>Enter two-letter postal abbreviation for birth State, or spell out name of a foreign country.</td>
</tr>
<tr>
<td>12 Sex</td>
<td>F = Female; M = Male</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description / Format Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Race</td>
<td>A = Asian / Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>B = Black</td>
</tr>
<tr>
<td>14 Height (HGT)</td>
<td>Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. E.g.: four feet, eight inches = “408”; six feet, two inches = “602”; DO NOT USE METRIC</td>
</tr>
<tr>
<td>15 Weight (WGT)</td>
<td>Express in pounds. Do not use fractions of a pound; round off to the nearest pound. E.g.: one-hundred twenty pounds = “120”; DO NOT USE METRIC</td>
</tr>
<tr>
<td>16 Eye Color</td>
<td>BLK = Black</td>
</tr>
<tr>
<td></td>
<td>BLU = Blue</td>
</tr>
<tr>
<td>17 Hair Color</td>
<td>BLK = Black</td>
</tr>
<tr>
<td></td>
<td>PNK = Pink</td>
</tr>
<tr>
<td></td>
<td>BLN = Blond or strawberry</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board</th>
<th>ORI</th>
<th>Board</th>
<th>ORI</th>
<th>Board</th>
<th>ORI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health &amp; Therapy</td>
<td>MN920157Z</td>
<td>Nursing</td>
<td>MN920147Z</td>
<td>Physical Therapy</td>
<td>MN920146Z</td>
</tr>
<tr>
<td>Medical Practice</td>
<td>MN920158Z</td>
<td>Nursing Home Admin.</td>
<td>MN920153Z</td>
<td>Podiatric Medicine</td>
<td>MN920155Z</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>MN920150Z</td>
<td>Optometry</td>
<td>MN920154Z</td>
<td>Psychology</td>
<td>MN920145Z</td>
</tr>
<tr>
<td>Dentistry</td>
<td>MN920143Z</td>
<td>Occupational Therapy</td>
<td>MN920162Z</td>
<td>Social Work</td>
<td>MN920159Z</td>
</tr>
<tr>
<td>Dietetics &amp; Nutrition</td>
<td>MN920151Z</td>
<td>Pharmacy</td>
<td>MN920160Z</td>
<td>Veterinary Medicine</td>
<td>MN920149Z</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapy</td>
<td>MN920152Z</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
PLEASE NOTE: The back of the FD258 card must include the full Privacy Act Statement on the back of the card (as shown below)
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 and dated by you?

___ 2. **FORM 2 — Informed Consent: Release of Predatory Offender Registration Data**
   a. All information filled out?
   b. Signed and dated by you?

___ 3. **FORM 3 — Identity Verification Form**
   a. All information filled out?
   b. Law Enforcement Agency or vendor employee personally reviewed your valid government-issued photo ID at time of fingerprinting?
   c. Signed and dated by you, while being observed by person who took your fingerprints?
   d. Signed by the person who took your fingerprints?

___ 4. **Hard Copy Fingerprint Card**
   a. You must submit a hard copy FD258 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. Date of fingerprinting
   f. Signed by you, while being observed by person who took your fingerprints?
   g. Signed by the person who took your fingerprints?

___ 5. **Return Address**
   a. Write your applicable MN Board name in parentheses 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.

   ![Return Address Image]

   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 Ave SE Ste 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.

If you have questions about the criminal background check process, please contact CBC Program staff at [criminal.background.check@state.mn.us](mailto:criminal.background.check@state.mn.us) or (651) 201-2822.
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 two to three weeks. If the FBI rejects your fingerprints, you have to start the background check over again by providing new fingerprints. Two to three weeks could become four to six weeks, six to nine weeks, or more!

**What Causes This?** The following are some circumstances that can increase the chance of fingerprints being rejected:

- 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, playing guitar, or 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. **USE 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. We do not recommend using lotion on the day of your fingerprinting appointment.

2. **LIVESCAN**
   If possible, license applicants should try to find an agency that uses LiveScan (digital) fingerprint technology. Ink fingerprints are legally acceptable, but digital equipment produces better images. Only the CBCP will digitally transmit your prints. All other agencies should digitally scan your fingerprints and print out a hard copy fingerprint card that you mail to the CBCP office. If the agency does not keep hard copy cards on hand, applicants may request one be mailed to them by the CBCP. Examples of local law enforcement agencies to contact include the following: county sheriffs, your state’s crime bureau, city police, tribal police, state patrol, licensed campus police, military police, and any other government law enforcement agency. If local police agencies do not do fingerprinting, they may be able to recommend qualified alternatives.

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, exposure to chemicals and cleaners, getting a manicure, etc.

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

**MN Health Licensing Boards**  
Criminal Background Check Program  
651-201-2822  
criminal.background.check@state.mn.us

These are ink fingerprints from a person who lifts weights two to three times/week.  
This is a LiveScan fingerprint from a person who moisturized and avoided “hard” activity for five days.
Fingerprint Ridgeline Improvement over Time with Regular Lotion & Reducing Activities That Are Hard on Fingertips

Moisturize at Least 2–3x per Day, and “Go Easy” on Your Hands to Get Better Prints

Way of Life

Work

Washing
Informed Consent:
Criminal Background Check for Licensure

Pursuant to Minn. Stat. § 214.075, a criminal background check is required for the initial license, license renewal or Board investigation 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**  
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 (e.g., “Dentistry,” “Nursing,” “Physical Therapy”): ____________________________

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 criminal.background.check@state.mn.us or (651) 201-2822.
Pursuant to Board policy, a Predatory Offender Registration (POR) check is required for the initial license, license renewal or Board investigation 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.

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: M or F
Driver’s License Number: _____________________________ DL Issuing State: _____________________________
Current Address: _____________________________
City, State, ZIP Code: _____________________________

MN Board you are applying to (e.g., “Dentistry,” “Nursing,” “Physical Therapy”): _____________________________

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 criminal.background.check@state.mn.us.
Pursuant to Minn. Stat. § 214.075, a criminal background check is required for the initial license, license renewal or Board investigation with one of the Minnesota Health Licensing Boards.

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 person 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: ________________________________
     Month/Day/Year
Sex: ____________________ M or F
Type of Photo ID: ______________________________
     Driver License, Passport, Military ID, Tribal ID, etc.
Government Entity that issued ID: ______________________________
     e.g. "Minnesota," "Iowa," etc.
Photo ID Number: ______________________________
     Driver's License Number, Passport Number, etc.
Your Contact Phone #: __________________________
Your email address: ________________________________
Board applying to: ________________________________
     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 OFFICER / FINGERPRINTING TECHNICIAN:

____ 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. Enter your badge number if you have one (law enforcement) or the agency/company tax ID number (private vendor).
____ 5. Take fingerprints and return card to Applicant for mailing.

Agency/Company: ________________________________
Employee Name: ________________________________
     Printed Name
Work Phone #: __________________________
Badge # (if any) / Tax ID #: __________________________

Signature of Law Enforcement Official, MN HLB CBC Staff
Or Fingerprinting Technician

Date of Fingerprinting

By signing above I certify 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 criminal.background.check@state.mn.us.

Vers. 3.2 (electronic), last updated on 2/15/2019