

Criminal Background Check Program
335 Randolph Avenue, Suite 180
St Paul, MN 55102-5501

Privacy Act Statement Form

Vers. 7, last updated 1/1/2024

Provide the following information to complete your CBC. Print legibly to avoid processing delays.

NAME AND DATE OF BIRTH

_____	_____	_____
Last Name	First Name	Middle Name

Date of Birth		

FORMER NAMES OR ALIASES

Include all former names or aliases you have ever used. Only include names you have used for legal purposes. Do not include nicknames unless they have been used for a legal purpose. (These names should be included on all forms.)

	LAST NAME	FIRST NAME	MIDDLE NAME
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

MN Board you are applying to (e.g., Nursing, Medical, BELTSS): _____

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. I acknowledge receipt of the Privacy Act Statement and information about the process for challenging my criminal history record.

Signature of Applicant

Date

For CBCP Use Only

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Informed Consent: Criminal Background Check for Licensure

Vers. 7, last updated 1/1/2024

Pursuant to **Minn. Stat. § 214.075**, when you apply for an initial license or license renewal (after lapse) with one of the Minnesota Health Regulatory Boards (Board) you are required to complete a criminal background check including a Predatory Offender Registration (POR) check. A Board may require you to complete a background check as part of a complaint investigation.

DATA PRACTICES AND TENNESSEN NOTICE: Your fingerprints, and all information requested, are required to positively establish your identity. Your sex as requested below refers to your legal status. All data collected is used to conduct a background check and to ensure the background check information obtained is yours and not related to another person. The background check information is used to determine whether you are qualified for licensure.

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 after submission of an application for licensure." Failure of an applicant or licensee to provide the requested information is grounds for disciplinary action by the Board.

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, including CBCP staff. The BCA, the FBI, and the Office of the Legislative Auditor will also have access to the information you provide. The information may be released in response to a court order.

If there is 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 Board 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.

If you are determined to have POR records, the BCA may use information you provide to update your registration records, and to notify appropriate authorities of any noncompliance with your registration requirements.

The BCA and the FBI will not retain submitted fingerprints except for a limited time for auditing purposes.

By signing below:

- I certify that I have read, understand, and agree to the Data Practices and Tennessee Notice.
- I authorize the Board to send all information included in these documents to the BCA and FBI to conduct a state and federal criminal background check under Minn. Stat. § 214.075.
- I authorize those agencies to send the Board, through its Criminal Background Check Program, any criminal history information that they possess as well as 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.

Last Name: _____

First Name: _____ **Middle Name:** _____

Maiden, Alias, or Former Name(s): _____

Date of Birth: _____ **Sex:** _____
Month/Day/Year M, F, or Other

Driver's License Number: _____ **DL Issuing State:** _____
(optional)

MN Board you are applying to (e.g., Nursing, Medical, BELTSS): _____

Signature of Applicant

Date

Process for Challenging the Accuracy of Criminal History Record

In compliance with 28 CFR § 50.12, the licensing board has established procedures that provide you an opportunity to complete, or challenge the accuracy of, the information contained in your criminal background check report. For more information, contact the Board directly. Procedure for changing, correcting, or updating the record provided by the FBI are set forth in 28 CFR § 16.34.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.