

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

## **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.