

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

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