

Identity Verification Form For Fingerprinting

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

Vers. 7, last updated 1/1/2024

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

INSTRUCTIONS FOR LICENSE APPLICANT:

- ____ 1. Fill out ONLY the fields above the gray box prior to your appointment.
- ____ 2. Bring this Identity Verification Form to your fingerprinting appointment.
- ____ 3. Bring a valid government-issued photo ID to your fingerprinting appointment.
- ____ 4. Your signature is to be provided during your appointment. While observed by the fingerprint technician, you will sign this form AND also sign the fingerprint card.

Last Name: _____

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

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

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

Type of Photo ID: _____ **Your Contact Phone #:** _____
driver's license, passport, military ID, tribal ID, etc.

State/Country that issued ID: _____ **Your Email Address:** _____
for driver's licenses, list state; for passports/military IDs, list country

Photo ID Number: _____ **Board Applying To:** _____
driver's license number, passport number, etc. e.g., Nursing, Medical, BELTSS



STOP HERE. The remainder of this form must be completed during your fingerprint appointment.

INSTRUCTIONS FOR FINGERPRINT TECHNICIAN:

- ____ 1. Examine Applicant's 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).
- ____ 5. Take fingerprints and return card to Applicant for mailing.

Agency/Company: _____ **Work Phone #:** _____

Fingerprint Technician Name: _____ **Badge # (if any):** _____

Signature of Fingerprint 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.

Signature of License Applicant

Date of Fingerprinting

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.