

BASIC STEPS FOR COMPLETING YOUR CRIMINAL BACKGROUND CHECK (CBC)

The following checklist provides basic information for completing your CBC. For additional information about how to complete the forms, fill out the fingerprint card, or improve the quality of your fingerprints, visit the CBCP website or watch our instructional videos.

- ☐ Step 1: Complete, sign, and date Form 1 and Form 2.
- ☐ Step 2: **Complete (*but do not sign or date*) Form 3.** (Form 3 must be signed in the presence of the person taking your fingerprints at the time the fingerprints are taken.)
- ☐ Step 3: Take Form 3 and your government-issued photo ID to your fingerprinting appointment.
- ☐ Step 4: After the person who takes your fingerprints reviews your photo ID, sign and date Form 3 in front of that person.
- ☐ Step 5: The person taking your fingerprints fills out, signs, and dates the bottom of Form 3.
- ☐ Step 6: You and the person taking your fingerprints both sign the completed fingerprint card. All required fields should be completed on the card before signing, including the date.
- ☐ Step 7: Complete and sign the PAS form.
- ☐ Mail all four forms and the fingerprint card ***to the address provided on the top left corner of the forms.***

To assist the CBCP in processing your fingerprints, please include the name of the board to which you have applied below your return address. For example:

Jane Smith
123 Main Street
Anytown, MN 55555
Board of _____ (Nursing, Medical Practice, BBHT, etc.)

QUICK TIPS FOR A SUCCESSFUL CBC

The CBC process can take anywhere from two weeks to six months. To ensure yours is completed as quickly as possible, follow these tips. Click the links provided to access the website and video for more information:

CBCP Contact Information ([website](#))

Criminal Background Check Program

651-201-2822

Criminal.Background.Check@state.mn.us

Fingerprinting locations ([website](#)) ([video](#))

Some locations require you to bring your own fingerprint card. If so, contact the CBCP office to have an FD-258 card mailed to you. If available, digital fingerprinting will typically result in higher fingerprint quality; however, we recommend you verify that the digital fingerprinting facility is able to print onto a physical fingerprint card at the time of printing as required.

Fingerprint Quality ([website](#)) ([video](#))

Poor quality fingerprints may be rejected by the FBI. ***When fingerprints are rejected, you will have to be fingerprinted again.*** The best way to improve the quality of your fingerprints is to apply lotion at least three or four times per day for several days leading up to your appointment. Do not apply lotion on the day you will be fingerprinted.

Common errors requiring repeated fingerprinting

These are the most common errors, but the list is not exhaustive. ***If any of the following are found to have occurred, you will be required to be fingerprinted again:***

- Form 3 is signed before or after the fingerprinting appointment. (Form 3 must be signed in front of the person who takes your prints at the time the prints are taken, as indicated by the dates on Form 3 and the fingerprint card.)
- Form 3 has missing information. (All fields on Form 3 must be completed.)
- The fingerprint card is not an FD-258 card, does not include the full Privacy Act Statement on the back, or the PAS form is not completed.
- Required fields on the FD-258 card are left blank or are illegible.

If Form 1 or Form 2 are not signed or dated, are photocopies of the original signed forms, or are signed digitally rather than with wet signatures, those forms must be resubmitted. If Form 3 has any of these errors, you will need to be fingerprinted again.

Fingerprint Card Required Fields

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (Rev. 5-15-17) 1110-0048				LAST NAME	FIRST NAME	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		Your Signature		ALIASES AKA		OR		See list below		DATE OF BIRTH DOB	
RESIDENCE OF PERSON FINGERPRINTED				CITIZENSHIP CTZ		SEX		RACE	HGT.	WGT.	EYES
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	Fingerprint Tech Signature		YOUR NO. OCA		UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNU		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS				SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU		CLASS		REF.	
REASON FINGERPRINTED											

All highlighted field should be completed, with two exceptions: Aliases field may be left blank only if you have no former names or aliases and Social Security Number may be left blank only if you have never been issued an SSN.

BOARD ORIs

Behavioral Health & Therapy: MN920157Z
 BELTSS: MN920153Z
 Chiropractic: MN920150Z
 Dentistry: MN920143Z
 Dietetics and Nutrition: MN920151Z
 Marriage and Family Therapy: MN920152Z
 Medical Practice: MN920158Z
 Nursing: MN920147Z
 Occupational Therapy: MN920162Z
 Optometry: MN920154Z
 Pharmacy: MN920160Z
 Physical Therapy: MN920146Z
 Podiatric Medicine: MN920155Z
 Psychology: MN920145Z
 Social Work: MN920159Z
 Veterinary Medicine: MN920149Z

Criminal Background Check Program
335 Randolph Ave, Suite 180
St Paul, MN 55102

Form 1
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

Date

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 information, please contact the Criminal Background Check Program for the Minnesota Health Licensing Boards at criminal.background.check@state.mn.us or (651) 201-2822.

Criminal Background Check Program
335 Randolph Ave, Suite 180
St Paul, MN 55102

Informed Consent: Release of Predatory Offender Registration Data

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.

Signature

Date

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:** _____
Month/Day/Year 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 information, please contact the Criminal Background Check Program for the Minnesota Health Licensing Boards at criminal.background.check@state.mn.us or (651) 201-2822.

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

Identity Verification Form For Fingerprinting

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: _____ **Sex:** _____
Month/Day/Year *M or F*

Type of Photo ID: _____ **Your Contact Phone #:** _____
Driver's License, Passport, Military ID, Tribal ID, etc.

Government Entity that issued ID : _____ **Your email address:** _____
"Minnesota," "Iowa," "Canada," etc.

Photo ID Number: _____ **Board applying to:** _____
Driver's License Number, Passport Number, etc. *"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: _____ **Work Phone #:** _____

Employee Name: _____ **Badge # (if any) / Tax ID #:** _____
Printed Name

*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.

Criminal Background Check Program
335 Randolph Ave, Suite 180
St Paul, MN 55102

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., "Dentistry," "Nursing," "Physical Therapy"): _____

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

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.