

**INSTRUCTIONS FOR FILING APPLICATION FOR LICENSURE
AS A RESPIRATORY CARE PRACTITIONER**

1. Completed, notarized application along with application fee. (make checks payable to Missouri Board for Respiratory Care)

Missouri Board for Respiratory Care
3605 MO Blvd.
Jefferson City, MO 65102
2. The applicant must submit a copy of the receipt substantiating proof of fingerprinting.
3. NBRC verification of credentials directly to the Missouri Board for Respiratory Care **(Copies of certificates or wallet cards issued by the NBRC are not acceptable).**
4. Verification of Licensure from any state that you have ever been licensed, certified, registered or been granted a permit **as a respiratory care practitioner**. Copies will not satisfy this request.

If you are or have ever been licensed, certified, registered or been granted a permit as a respiratory care practitioner by another state, territory of the United States, or province or country, request that verification of your license, registration, certification or permit be submitted by each state, territory, province, or country upon the provided Verification of Licensure form. This form must also be received directly from the other state(s), territory, country, or province in which a license, certification, registration or permit was held. Copies will not satisfy this request.



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR LICENSURE AS A RESPIRATORY
CARE PRACTITIONER**

MISSOURI BOARD FOR RESPIRATORY CARE
P.O. BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 522-5864
WEBSITE: pr.mo.gov
FOR DELIVERY:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

PLEASE REFER TO DETAILED INSTRUCTIONS ON THE ENCLOSED SHEET

1. This form must be typed or printed legibly in black ink.
2. If you do not provide complete information and all required documents **as detailed on the enclosed instruction sheet**, your application will not be processed.
3. Attach a recent 2" x 2" head and shoulders photograph of yourself in the space provided to the right.
4. Fingerprints must be obtained from a law enforcement agency.
5. Enclose your check or money order for the application fee of **\$40.00** made payable to **MISSOURI BOARD FOR RESPIRATORY CARE**.
6. Sign your application in the presence of a notary public and have your signature notarized.
7. Request verification of your credentials from the National Board for Respiratory Care (NBRC) be sent directly to the Missouri Board for Respiratory Care.
8. Request verification of licensure from other states, territories, or countries (see instructions).
9. Pursuant to § 620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.
10. **Fees are non-refundable.**
11. **This application will expire if the process is not completed within six (6) months from the date it is received in the Board office.**

AFFIX
PHOTOGRAPH
HERE

APPLICANT DATA

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME	
SOCIAL SECURITY NUMBER	E-MAIL	DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER	
RACE (THIS INFORMATION IS VOLUNTARY)		GENDER (THIS INFORMATION IS VOLUNTARY)		
RESIDENCE STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)		CITY	STATE	ZIP
CURRENT PLACE OF EMPLOYMENT			EMPLOYMENT TELEPHONE NUMBER	
EMPLOYMENT ADDRESS		CITY	STATE	ZIP

EDUCATION (Also include any military medical training) (If additional space is needed please attach sheets as necessary.)

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED				DEGREE OR CERTIFICATE AWARDED/ DATE	MAJOR COURSE OF STUDY
		FROM		TO			
		MON.	YR.	MON.	YR.		

NATIONAL CREDENTIALS

I HOLD THE FOLLOWING CREDENTIAL(S) ISSUED BY THE NATIONAL BOARD FOR RESPIRATORY CARE (NBRC)

☐ CERTIFIED RESPIRATORY THERAPY TECHNICIAN, (CRTT), ISSUE DATE: _____

☐ REGISTERED RESPIRATORY THERAPIST, (RRT), REGISTRY NUMBER: _____

HAVE YOUR CREDENTIALS EVER BEEN DISCIPLINED, SANCTIONED, SUSPENDED OR REVOKED? IF YES, EXPLAIN ON A SEPARATE SHEET.

☐ YES ☐ NO

LICENSURE, CERTIFICATION OR REGISTRATION

YES NO

The applicant must answer the following questions. If any of the questions are answered yes, the applicant must provide a notarized explanation.

1. Have you ever been issued a professional license, certification, registration, or permit in the field of respiratory care by any state, United States territory, province or country? If yes, please list the state, territory, province or country, type of license with license number, status of license, and your name as it appears on the license. ☐ ☐
2. Have you ever been denied a professional license, certification, registration, or permit? If yes, explain fully in a separate notarized statement. ☐ ☐
3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? If yes, explain fully in a separate notarized statement. ☐ ☐
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? If yes, explain fully in a separate notarized statement. ☐ ☐
5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration, or permit? If yes, explain fully in a separate notarized statement. ☐ ☐
6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime whether or not sentence was imposed, or are such actions currently pending (excluding traffic violations)? ☐ ☐
7. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs, alcohol, whether or not sentence was imposed, or are such actions currently pending? ☐ ☐
8. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a respiratory care practitioner would be affected? If yes, explain fully in a separate notarized statement. ☐ ☐
9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, explain fully in a separate notarized statement and attach verification of chemical or alcohol dependency treatment. ☐ ☐
10. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a respiratory care practitioner? If yes, explain fully in a separate notarized statement and attach certified copies of court documents. ☐ ☐
11. Do you have a medical condition that in any way impairs or limits your ability to perform with reasonable care and safety the essential functions of a respiratory care practitioner with or without reasonable accommodations? If yes, explain fully in a separate notarized statement. ☐ ☐

RESPIRATORY CARE EXPERIENCE - LIST ALL EMPLOYERS IN THE LAST FIVE YEARS**BEGIN WITH THE MOST RECENT EMPLOYMENT, USING ADDITIONAL SHEETS IF NECESSARY**

A. NAME OF EMPLOYER					
ADDRESS OF EMPLOYER					
FROM		TO		NAME OF IMMEDIATE SUPERVISOR	
MON.	YR.	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	

B. NAME OF EMPLOYER					
ADDRESS OF EMPLOYER					
FROM		TO		NAME OF IMMEDIATE SUPERVISOR	
MON.	YR.	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	

C. NAME OF EMPLOYER					
ADDRESS OF EMPLOYER					
FROM		TO		NAME OF IMMEDIATE SUPERVISOR	
MON.	YR.	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.**

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice respiratory care in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of respiratory care and subject to the rules and regulations of the Missouri Board for Respiratory Care. I subscribe and agree to abide by all applicable laws and rules regarding the practice of respiratory care. I hereby certify that I have familiarized myself with sections 334.800-334.930 RSMo, known as the Respiratory Care Practice Act and applicable rules promulgated by the Missouri Board for Respiratory Care.

Enclosed is the application fee which is not refundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	
	STATE OF	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES	
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

MISSOURI BOARD FOR RESPIRATORY CARE
P.O. BOX 1335
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 522-5864
TDD (800) 735-2966

INSTRUCTIONS

Complete Section I and mail this form to each state, United States Territory, province or country that you have or ever have had a license, certification, registration, temporary license or a temporary permit to practice respiratory care. This verification must be returned to the Missouri Board for Respiratory Care within ninety (90) days of your application. Some states do require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), U.S. territory, province or country. This form may be photocopied as necessary.

SECTION I - TO BE COMPLETED BY APPLICANT

NAME (FIRST, MIDDLE, LAST, SUFFIX)

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF LICENSE/CERTIFICATION/REGISTRATION/PERMIT HELD

NUMBER ISSUED

SOCIAL SECURITY NUMBER

DATE OF BIRTH

The Missouri Board for Respiratory Care requests that I submit evidence of the status of my license, certification, registration, permit in your state. You are hereby authorized to release any information in your possession pertaining to me, favorable or otherwise, directly to the Missouri Board for Respiratory Care, P.O. Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE

DATE

SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY

TYPE OF REGULATION

☐ LICENSE

☐ CERTIFICATION

☐ REGISTRATION

☐ PERMIT HOLDER

LICENSE NUMBER

ISSUE DATE

EXPIRATION DATE

LICENSE WAS ISSUED ON THE BASIS OF

☐ NBRC CREDENTIALS

☐ STATE EXAMINATION

☐ EDUCATION

☐ GRANDFATHER CLAUSE

☐ OTHER _____

HAS THE APPLICANT'S LICENSE EVER LAPSED?

☐ YES ☐ NO IF YES, EXPLAIN

HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY?

☐ YES ☐ NO IF YES, EXPLAIN

DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS?

☐ YES ☐ NO IF YES, EXPLAIN

SIGNATURE

DATE

NAME PRINTED

TITLE

PLEASE AFFIX
BOARD SEAL

IMPORTANT NOTICE

TO: Applicants

FROM: Vanessa Beauchamp, Executive Director

RE: Criminal Background Checks – Fingerprinting Requirements

DATE: September 6, 2018

The Missouri Board for Respiratory Care utilizes IdentoGo to fingerprint applicants for licensure/registration.

The Respiratory Care 4 digit code is **2967** (for ALL applicants within or outside Missouri).

- **Individuals needing to be fingerprinted WITHIN the State of Missouri.**
 - ❖ Applicants will need to register with the Missouri Automated Criminal History Site (MACHS) at www.machs.mo.gov OR telephone 1-844-543-9712 (IDEMIA).
 - ❖ Upon completing the registration you will be routed to the IdentoGo website for selection of fingerprint card processing.
 - ❖ Upon completing the registration you will receive an 8 digit Transaction Control Number (TCN). This number will be used to track your fingerprints through the background check process.
 - ❖ An email notification will be sent once registration has been complete with a link to a Printable Service Summary and basic instructions
- **Individuals needing to be fingerprinted OUTSIDE of the State of Missouri.**
 - ❖ Applicants will need to contact the office via email rcp@pr.mo.gov to request a fingerprint card (FD-258) to be mailed directly to them via postal service.
 - ❖ Out-of-state applicants will take their fingerprint cards to their local Highway Patrol office for fingerprinting. The fingerprints may be traditional ink rolled or LiveScan.
 - ❖ Upon completing the card requirements, Applicants will need to register with the Missouri Automated Criminal History Site (MACHS) at www.machs.mo.gov OR telephone 1-844-543-9712 (IDEMIA).
 - ❖ Upon completing the registration you will be routed to the IdentoGo website for selection of fingerprint card processing.
 - ❖ Mail the signed pre-enrollment confirmation page and the completed fingerprint card to the below address:
 - IdentoGO
 - MO CardScan Department
 - 6840 Carothers Pkwy, Suite 650
 - Franklin, TN 37067

NOTE:

DO NOT submit fingerprints or fingerprint fees to the Board office.



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: _____

Agency Name: _____

Agency ORI: _____ Agency OCA: _____

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [Click here to register with the fingerprint portal](#)
3. Click on the "blue box" [Click here to register with MACHS](#)
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

Missouri Non-Resident Cardscan

Universal Enrollment Platform Processing Overview

Cardscan processing is available for those applicants residing outside of Missouri or physically unable to visit an IdentoGo location. In order to complete the process, applicants must complete the following steps.

1. An Applicant should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink rolled fingerprints on a FBI (FD-258) fingerprint card or LiveScan fingerprints printed to a FBI (FD-258) fingerprint card.

Please provide the following information to the technician capturing the fingerprints

- **Capturing Four-Finger Slaps:**

- Fingers must be placed vertically, straight up-and-down, when capturing the four-finger slaps as depicted to the right:
- Missouri State Highway Patrol will reject or refuse to process any fingerprint cards that have the four finger slap prints at an angle.



- **Capturing Individual Fingers:**

- Each finger and thumb will need to be rolled completely from one side of the fingernail to the other side of the fingernail.
- Missouri State Highway Patrol will reject and refuse to process any fingerprint card that contains non-rolled fingerprints.

- **Submitting Fingerprint Cards:**

- Fingerprints may be submitted on standard FD-258 FBI applicant cards
- The fingerprint card must be completely filled-out in legible print. The following information must be included or the Fingerprint Card will not be processed:
 - ✓ Full name
 - ✓ Date of birth
 - ✓ Social Security Number
 - ✓ Home address
 - ✓ Sex
 - ✓ Height
 - ✓ Weight
 - ✓ Hair color
 - ✓ Eye color
 - ✓ Place of birth (state or country only)
 - ✓ Citizenship



2. Once fingerprints are captured on a fingerprint card and the individuals demographic data is completely filled-put on the fingerprint card, please follow the steps listed below:
 - Pre-enroll on the MACHS system at www.machs.mshp.dps.mo.gov/.
 - After registering, the applicant will be routed to the IdentoGO website for selection of Fingerprint Card Processing.
 - i. All processing fees will be collected during the pre-enrollment process.
 - ii. A pre-enrollment confirmation page will be provided once registration is complete.
 - Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page.
 - Mail the signed pre-enrollment confirmation page and the completed fingerprint card to:

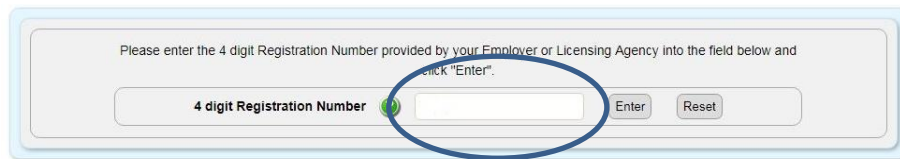
IdentoGO
MO Cardscan Department
6840 Carothers Pkwy, Suite 650
Franklin, TN 37067

- For further instructions, each applicant should contact their employer or agency contacts for those details.

Please review the following pages for more detailed instructions regarding the Universal Enrollment Platform Pre-Enrollment process. More information can be found on the IdentoGo Missouri website, found at <https://www.identogo.com/locations/missouri>.

Directions for Pre-enrollment and Payment – Required for ALL Fingerprint Cards


1. Complete registration on the MACHS page (www.machs.mshp.dps.mo.gov/) using the 4-digit registration code provided by the requesting agency.



Please enter the 4 digit Registration Number provided by your Employer or Licensing Agency into the field below and click "Enter".

4 digit Registration Number Enter Reset

2. After entering their demographic information is complete, applicant will be routed to the IdentoGO page for completion.
3. Confirm information displayed is correct.



Please confirm the person being fingerprinted below:

Name: Tester T TESTI/Mercado Jr
Agency: Foster Adopt Connect
TCN: T123456789

Incorrect Correct

4. Select "Register for Fingerprint Card Processing Service".

Fingerprinting & Enrollment Services

For Licensing, Certification or Employment requirements in Missouri



For Digital Fingerprinting Services (Live Scan)

To register for digital fingerprinting services at an IdentoGO enrollment center, click the button below:

Register for Digital Fingerprinting Services

To Mail in Your Fingerprint Card

To register to send your prints through the mail, click the button below. You will be asked to mail your fingerprint cards to IdentoGO after payment is made. Only out of state residents or individuals physically unable to be digitally printed are able to use this option.

Register for Fingerprint Card Processing Service

5. Confirm you would like to submit Fingerprint Cards by clicking "yes".
6. Confirm Date of Birth by re-entering applicant Date of Birth, then click "Next".

- Pay using an authorization code provided by agency or employer, or pay with credit card. Once payment information has been entered, click "Submit".

IdentoGO English

Missouri

Essential Info **Payment**

Enter Payment Information

Please enter your payment information below. Then click "Next" to complete your transaction or "Cancel" to exit.

Apply Authorization Code

Authorization Code **Apply Coupon**

Pay With Credit Card

We Accept:

* Name on Card * Credit Card Number

* Month * Year * CSC/CVV

Summary:

2H52J2 - Missouri	\$20.50
Total Amount Due	\$20.50
	(non-refundable)

Cancel **Back** **Submit**

- Once you have submitted your payment, you will be directed to the final registration page. You will need to complete sections 2 and 3 after printing. Submit this page along with your fingerprint card for processing to the address listed in Section 4. An example of the final screen is shown below.

IdentoGO English

Service Summary

Missouri

2 (of 4) - PAY AUTHORIZATION

Amount: \$20.50

Card: 2H52J2

Cardholder: MISSOURI STATE POLICE

Cardholder Address: 1000 STATE ST, ST. LOUIS, MO 63101

Cardholder Phone: (314) 354-1234

Cardholder Email: [redacted]

3 (of 4) - PROVIDE APPLICANT CONTACT INFORMATION

Name: [redacted]

Address: [redacted]

Phone Number: [redacted]

Email: [redacted]

4 (of 4) - MAIL DOCUMENTS

Please mail the following documents to the address provided below:

- This printed and signed document.
- Completed fingerprint card.

NOTES: If your agency requires a Social Security number, please be sure to enter the number on the fingerprint card or your fingerprint will not be processed and the packet will be returned to your contributing agency.

IdentoGO
CARDHOLDER DEPARTMENT
MISSOURI STATE POLICE
1000 STATE ST, ST. LOUIS, MO 63101

Print & Close **Home**



9. An e-mail notification will be sent once registration has been complete with a link to a Printable Service Summary and basic instructions.



Service Details:

Customer:	Hubert B Wolfeschlegelsteinhausenbergdorff
UE ID:	UZ3R-12VK5S
TCN:	20180614f
ORt:	UEP500000
Service:	2H529S - MO Demo Full State and FBI Fees

This email confirms you have requested your fingerprint-based background check to be done by submitting a Fingerprint Card. In order to process your request, please mail the following documents:

1. The printed and signed IdentoGO registration summary page
2. Completed fingerprint card

The mailing instructions are on the registration summary page.

[Click here to view your printable summary page](#)

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must provide to the applicant written notification¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials must ensure that an applicant receives, and acknowledges receipt of, an adequate Privacy Act Statement when the applicant submits his/her fingerprints and associated personal information.²
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the employment, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34.
- Officials should not deny the employment, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.³

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

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.

As of 03/30/2018