

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

www.lsbns.state.la.us

FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

- 1) **Authorization Forms:** Complete, sign and date **both** of the following CBC authorization forms and submit to LSBN together with the appropriate licensure application (if applicable), fees, and two (2) fingerprint FBI cards:
 - * **CBC1a:** [Authorization for Criminal Background Check – Page I](#)
 - * **CBC1b:** [Authorization for Criminal Background Check – Page II](#)
- 2) **Fingerprinting:** Contact your state or local police/sheriff's office to inquire about their procedures, fees and locations for fingerprinting services. You will need to be fingerprinted onto two (2) official Federal Bureau of Investigation (FBI) fingerprint cards. If your local law enforcement office does not have FBI cards, Board staff can mail you a set of blank FBI cards upon written request. Fill out the [Request for Blank Fingerprint Cards](#) form, indicate which department you will be submitting the CBC (and application, where applicable) at the top, and fax to LSBN. If providing the CBC fingerprints cards & authorization sheets to apply for initial licensure or reinstatement in Louisiana, they must accompany your application.
 - Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the agency utilizes an electronic scan system, request that they scan your fingerprints and print the first FBI card, then scan your fingerprints again and print the second FBI card.
 - The following suggestions may improve print quality and ensure LSBN staff receive your CBC results promptly:
 - Hands must be clean and dry. Wash your hands vigorously with warm water and dry thoroughly immediately prior to being fingerprinted.
 - If hands are very dry or cracked, wash hands and apply a touch of moisturizer onto fingertips, removing any excess lotion with paper towel prior to being fingerprinted. This may help raise the ridges for printing.
 - L.A.C.46:XLVII.3330 J-K states:
 - J. If the fingerprints are returned from the Department of Public Safety as inadequate or unreadable, the applicant, or licensee must submit a second set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.*
 - K. If the applicant or licensee fails to submit necessary information, fees, and/ or fingerprints, the applicant or licensee may be denied licensure on the basis of an incomplete application or, if licensed, denied renewal, until such time as the applicant or licensee submits the applicable documents and fee.*
 - View both FBI cards before you leave the facility where you're being fingerprinted. If any of the fingerprints are outside the boxes, appear too light, too dark, or obviously smudged - have the technician prepare an extra set of cards and submit **both sets** (all four cards) along with your application. **Protect both FBI cards from smudges. Do not fold or staple.**
 - All fingerprint cards must be signed by the nurse with all sections filled out completely with the exception of the "employer and address" section.
 - Individuals who are *already licensed Registered Nurses* may have their fingerprints scanned at the LSBN office (LiveScan) between 8:30am and 3:00 pm. Please arrive early to allow time for fingerprint scanning & processing.
- 3) **Fees due LSBN for CBC:**
 - \$42.50 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted
 - **OR** -
 - \$52.50 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the LiveScan equipment. (**Licensed Registered Nurses only**).

All fees must be paid by Money Order or Bank Cashier's Check, payable to LSBN

NOTE: If you are submitting to a CBC because you are applying for licensure or permission to enroll in clinical nursing courses, please read the **application instructions** carefully regarding payment of fees. Some application instructions will provide a 'total fee' to submit with the application which may include the CBC fee noted above.

(Criminal history records check is authorized under the Nurse Practice Act, **Louisiana Revised Statutes 37:920.1**)

Authorization for Criminal Background Check (CBC) – Page I

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

Fees for CBC (money order or bank cashier's check required, payable to LSBN):

- \$42.50 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted
- **OR** -
- \$52.50 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the LiveScan equipment. (Licensed Registered Nurses only).

**** Refer to your Application Instructions to see if the above CBC cost if already incorporated in the application fee total****

******PLEASE PRINT (except 'Signature) – USE BLUE OR BLACK INK WHEN FILLING OUT THIS FORM ******

Louisiana State Board of Nursing
FACILITY OR AGENCY

Patricia A. Dufrene, MSN, RN
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

Cynthia York, RN, MSN, CGRN
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

17373 Perkins Road
MAILING ADDRESS

SIGNATURE OF LSBN AUTHORIZED REPRESENTATIVE

Baton Rouge, LA **70810**
CITY STATE ZIP CODE

(225) 755-7500
FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- CASA
- CONCEALED HANDGUNS
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF LABOR
- DEPARTMENT OF PUBLIC SAFETY
- EMPLOYERS
- FIREFIGHTERS
- GAMING
- HEALTH CARE PROVIDER
- IMMIGRATION
- JUVENILE DETENTION CENTER
- DEPARTMENT OF INSURANCE
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OCS FOSTER/ADOPTIVE
- OCS PERSONNEL

- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POSTSECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIVERBOAT PILOTS
- SCHOOL
- SENATE AND GOVERNMENTAL AFFAIRS
- TAXI DRIVERS
- USED MOTOR VEHICLE COMMISSION
- VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS

**** Please print all but Signature ****

APPLICANTS NAME: _____
LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME (if different)
{Provide any and all 'other' Last Names held which are not listed above in the bottom margin of this page}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ___ - ___ - _____ DATE OF BIRTH: ___ / ___ / ___

DRIVERS LICENSE #: _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

Authorization for Criminal Background Check (CBC) – Page II

**APPLICANT PROCESSING-DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
P.O. BOX 66613 (MAIL SLIP A-6)**

LSPAPPR/R8.03

LOUISIANA STATE BOARD OF NURSING
AGENCY

NOTICE:

PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSON SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.

17373 Perkins Road

MAILING ADDRESS

Baton Rouge

CITY

LA

STATE

70810

ZIP CODE

Endorsement applicant to provide the following information below:

APPLICANT'S FULL NAME (print)

_____/_____/_____
DATE OF BIRTH

_____/_____
RACE SEX

SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

DO NOT WRITE BELOW THIS LINE: (FOR BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION USE ONLY)

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW

FORM NBR: CBC – 1b

Revised: 2/08, 6/11, 3/12

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Fax Number: (225) 755-7584

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REQUEST FOR BLANK FINGERPRINT CARDS

I am required to submit to a Criminal Background Check (CBC) as authorized by the Nurse Practice Act, Louisiana Revised Statutes 37:920.1. I am unable to obtain Federal Bureau of Investigation (FBI) cards from my local law enforcement agency; therefore I am requesting two (2) blank fingerprint cards to be mailed to me by the Louisiana State Board of Nursing (LSBN).

Please indicate below the name of the department you will later be submitting an application for Louisiana licensure for this request. If you have been notified by Board staff that a criminal background check is required for reasons other than licensure, please provide the name of the individual and/or department who had notified you of the requirement:

ATTENTION TO: _____

Full Name: _____

Mailing Address: _____

Home Phone Number: _____

Work Phone Number (please include extension): _____

Cell Phone Number: _____

E-mail Address: _____

***** Please do not submit your application until you have received and completed the FBI fingerprint cards. Your full CBC packet must accompany your application *****