

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

[www.lsbn.state.la.us](http://www.lsbn.state.la.us)

## FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

- 1) **Authorization Forms:** Complete, sign and date **both** CBC authorization forms included on the pages that follow these instructions.
  - \* **CBC1a:** [Authorization for Criminal Background Check – Page I](#)
  - \* **CBC1b:** [Authorization for Criminal Background Check – Page II](#)

Submit the authorization forms to LSBN at the address above together with the two (2) fingerprint Federal Bureau of Investigation (FBI) cards.

**\*Students submit completed cards to the office of your program head.**
- 2) **Fingerprinting:** Submit to the LSBN office **two (2)**, separate official FBI level fingerprint cards on the fingerprint form FD-258. Fingerprinting must be completed by trained individuals who are authorized to provide fingerprinting services at their agency (i.e. law enforcement facilities including state or local police/sheriff's offices, campus security, private vendors). Contact the agency to inquire about the procedures, fees and locations for fingerprinting services. If the agency does not have blank FBI cards, print paper cards at the following link to bring to the agency for fingerprinting services: <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>.
  - Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1<sup>st</sup>) FBI card, then scan your hands again to print your fingerprints on the second (2<sup>nd</sup>) FBI card.
  - The following suggestions may improve the quality of your fingerprints to ensure LSBN receives the results of your CBC 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:
    - 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.
    - 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 fingerprinting agency where you're being fingerprinted. If any of the fingerprints appear too light or too dark, or are obviously smudged, or are outside of the boxes on the fingerprint card, request that the technician prepare an additional set of cards and submit **both sets** (all four cards) along with your forms. ***Protect all FBI cards from smudges. Do not fold or staple. Do not submit 2 copies of the same prints.***
  - All fingerprint cards must be signed by the applicant/nurse with all sections filled out completely with the exception of the "employer and address" section.
- 3) **Fee due to LSBN for CBC:**
  - \$39.25 – Paid electronically with submission of applications through the Louisiana Nurse Portal.
  - Contact the LSBN office about payment of the fee if you are submitting to a background check and have not submitted the fee in association with an application.

**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 along 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\*\*\*\***

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

Criminal history records check is authorized under the Nurse Practice Act, Louisiana Revised Statutes 37:920.1  
See instructions for submission of fees.

## Louisiana State Board of Nursing

FACILITY OR AGENCY

## Stacey Jones

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

## Monique Calmes, DNP, APRN, FNP-BC

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 BEVERAGE OUTLET
- BEHAVIOR ANALYST BOARD
- BOARD OF EXAMINERS (PSYCHOLOGIST)
- BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
- BOARD OF NURSING HOME ADMINISTRATORS
- CASA
- COURT ORDER ADOPTION
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE / WORKING WITH CHILDREN
- DENTISTRY BOARD
- DEPT. OF AGRICULTURE AND FORESTRY
- DEPT. HEALTH AND HOSPITALS
- DEPT. OF INSURANCE – FRAUD DIVISION
- DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
- DCFS ABUSE/NEGLECT INVESTIGATION
- DCFS CARETAKER
- DCFS FOSTER/ADOPTIVE
- DCFS PERSONNEL
- DRUG AND DEVICE DISTRIBUTORS
- EMPLOYERS
- FIREFIGHTERS
- FIRE MARSHAL
- GESTATIONAL CONTRACTS
- HEALTH CARE PROVIDER (Non Licensed)
- JUVENILE DETENTION CENTER
- LA BOARD CHIROPRACTIC EXAMINERS

- LA PHYSICAL THERAPY BOARD
- LA STATE BOARD SOCIAL WORK EXAMINERS
- LICENSED PROFESSIONAL COUNSELORS
- MEDICAL EXAMINERS
- OFFICE OF FINANCIAL INSTITUTIONS
- OMVC – COMMERCIAL DRIVING EXAM ADMINISTER
- OMVE – EMPLOYEE ISSUING COMMERCIAL DL
- OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION
- OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT
- PHARMACY BOARD
- POST SECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- SCHOOL
- SUPREME COURT COMMITTEE BAR ADMISSION
- TAXI DRIVERS
- TESS WINDOW TINT
- VOLUNTEER LOUISIANA COMMISSION
- WILDLIFE AND FISHERIES
- WORKING WITH CHILDREN

**\*\* 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 \_\_\_\_\_

LICENSE APPLIED FOR:  Student  RN by Examination/NCLEX  RN by Endorsement  
 Other  APRN  Conversion to compact license  RN reinstatement

### **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, FBI and/or international files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

**FORM NBR: CBC – 1a**

**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

*Provide/print 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**

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> 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) and 906.2(d).

# 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. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**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.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).