



October 01, 2009

THESE ARE INSTRUCTIONS FOR COMPLETING THE TWO FINGERPRINT CARDS AND OBTAINING YOUR CRIMINAL HISTORY RECORDS CHECK (CHRC).

PLEASE READ ALL INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THE INSTRUCTIONS WILL LEAD TO DELAY OF CERTIFICATION. IT IS THE APPLICANTS' RESPONSIBILITY TO ASSURE THAT THE CORRECT INFORMATION IS RECEIVED.

CJIS Approved Commercial Fingerprinting Services

Private Fingerprint Providers/Mobile Units – May come to your facility when contacted directly by you. Please use the Private Fingerprint Providers before contacting CJIS or MVA sites
The cost of fingerprints may vary from site-to-site

1. Private Fingerprint Providers/Mobile Fingerprint Units

All American Protective Services, LLC
 2275 Research Blvd, Suite 500
 Rockville, MD 20850
 Telephone: 301.296.4499 x1182

www.mdfingerprint.com/

Harborview Investigations
 308 Crain Highway, NW, Suite 201
 Glen Burnie, MD 21061
 Telephone: 410-761-6700

www.marylandfingerprinting.com

Mid-Atlantic Regional Investigations, LLC
 1202 West Street
 Annapolis, MD 21401
 Telephone: 888-320-7775

<http://www.marinvestigations.com/>

Apex Investigative Services

1916 Crain Hwy S. Ste 11
 Glen Burnie, Md. 21061
 Phone: 410-590-3700

www.apex-investigations.com

Inquiries, Inc.
 129 N. West Street
 Easton, MD 21601
 Telephone: 866-987-3767

www.inquiriesinc.com

Grand Mission Consult

7515 Annapolis Rd #203
 Hyattsville, MD 20784
 Telephone: 866-454-6282

www.grandmissions.com/fingerprint.html

L-1 Enrollment Services
 Multiple Locations
 Call for an appointment
 Telephone: 877-467-9215
www.ibtfingerprint.com/

2. CJIS Electronic Fingerprinting Site – 410-764-4501 / 1-888-795-0011 (toll free)

Baltimore City: Central Repository (CJIS) (Home Depot side of Reisterstown Plaza on the Appleby's end of the mall. The Board of Nursing is located on the same side at the opposite end of the mall.)
 6776 Reisterstown Road, Suite 102,
 Baltimore Maryland 21215,

No appointment Necessary

8:30a.m. to 5p.m. Monday, Tuesday, Wednesday, & Friday.

8:30a.m. to 6:30p.m. Thursday

8:30a.m. to 4:30 p.m. 1st and 3rd Saturdays of each month

(Please Call or Check web-site for additional times and locations)

<http://www.dpssc.state.md.us/publicservs/fingerprint.shtml>

3. MVA Additional Sites for Electronic Fingerprinting

All MVA Site locations are open from 8:30 am to 4:00 pm. BY APPOINTMENT ONLY

You may call the CJIS Customer Service Desk to make appointments between the hours of 8 & 5pm.

Mon. through Fri. 410-764-4501 or 1-888-795-0011

The cost is \$20 for fingerprinting plus the cost of the record check at these locations

Bel Air

501 West MacPhail Rd.
 Bel Air, Md. 21014

Frederick

1601 Bowman's Farm Rd.
 Frederick, Md. 21701

Glen Burnie

6601 Ritchie Hwy. N.E.
 Glen Burnie, Md. 21062

Salisbury

251 Tilghman Road
 Salisbury, Md. 21801

Waldorf

11 Industrial Park Drive
 St. Charles Business Park
 Waldorf, Md. 20602

**INSTRUCTIONS TO OBTAIN THE CRIMINAL HISTORY RECORDS CHECK (CHRC)
BASED ON THE FINGERPRINTS.**

Certified Nursing Assistant (CNA)

A 90 Day Letter will not be issued unless verification that the fingerprints have been taken to initiate the criminal history records check is submitted to the Board with the application for nurse aide certification. A certificate will not be issued until the criminal history record check is received and approved by the Board.

Type or print all information in black ink.

Do not sign the forms until told to do so

1. Results are returned faster to the Board if the fingerprints have been done electronically. Please see insert referencing the electronic fingerprints. When you get your fingerprints done, you will receive a printed verification form with your name, date of print, transaction/reference number and signature of person taking prints. Submit the printed verification with your nurse aide application.
2. Take at least one of the following proper forms of identification with you. Documents must be **current**:
 - Maryland driver's license or another state or country driver's license; or
 - Passport; or
 - Certificate of U.S. citizenship; or
 - Alien registration card; or
 - Identification card issued by a state or local governmental agency, the District of Columbia, a United States territory, or a foreign government.
3. Completing the State (lavender) card:
 - Fill in only the front of the card prior to fingerprinting- your signature will be obtained when you provide your identity,
 - Fill in your birthday (e.g. month/day/year- 05/27/1988 -all four digits for the year),
 - Place of birth- state or country,
 - Citizenship- country,
 - Height and weight- do not use fraction of inches or pounds,
 - Race codes:
 - I- American Indian or Alaskan Native
 - A- Asian or Pacific Islander
 - B- African American
 - W- White (including Hispanic/Latino)
 - O- Other,
 - Gender/Sex- "F" for female: "M" for male,
 - Eyes/hair- color of your eyes and hair,
 - SS# or work visa number – if you do not have one enter 000 00 0000; do not use a tax ID number,
 - Maryland driver's license – write in your Maryland driver's license number. If you do not have a Maryland driver's license, write in N/A,
 - Leave the position applied for blank,
 - On right hand side of the form, unless already checked, check boxes: (a) State and FBI and (b) Government licensing or certification.
 - Do not fill out the disclosure section on the state card.
4. Completing the FBI (blue) card:
 - Fill in your name and address (residence of person fingerprinted),
 - Fill in personal identifying data the same way as on the state card (date of birth, country of citizenship, sex, height, weight, eye and hair color, place of birth). Write in your race- do not use the abbreviation that you use on the state card, and Fill in Armed Forces number, SSI# and miscellaneous#, only if appropriate.

- 5 On either card, if you fill in something you were told not to fill in, draw a single line through it and send in the cards. Fill cards in fully and accurately or they will be rejected by CJIS and returned to the address provided on the card.
- 6 If you are unable to access electronic fingerprinting, please contact the MBON C.N.A./C.M.T program electronically at lbarner@dhmh.state.md.us to request the hard copy lavender and blue fingerprint cards. You will need to call your local police barracks for times and locations to have your prints rolled.
- 7 If you have questions, check the Board's website (mbon.org) under Criminal History Records Checks, Frequently Asked Questions (FAQs). THEN, if you have further questions about the fingerprinting process or CHRC,
- 8 If you have any questions:
 - a. Consult the Board's website for the status of your application, or
 - b. Consult the Board's website for CHRC process questions - located under Criminal History Records Checks link
 - c. If you have questions about the CHRC results, you may contact Dorothy Haynes, Legal Associate and leave the following information (leave your name, telephone number, ssn, transmittal number, and- if your application is at the Board at one of the following:
 - i. 410-585-1952 or
 - ii. fax 410-358-3530, or
 - iii. dhaynes@dhmh.state.md.us.

APPLICANTS REQUIRED TO MAKE DISCLOSURE MUST complete the Statement below.



STATEMENT OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

APPLICATION FOR CRIMINAL HISTORY RECORD CHECK

DISCLOSURE

I, _____ (PRINT NAME)
hereby declare or affirm under Penalty of Perjury, that I

(Check one) → HAVE HAVE NOT

been convicted, received a probation before judgment, received a not criminally responsible disposition, & that I

(Check one) → AM AM NOT

the subject of pending criminal charges. I further declare or affirm that I am the applicant whose signature appears below.

-READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION
-ONLY ORIGINAL APPLICATION WILL BE PROCESSED
-TYPE OR PRINT ALL INFORMATION CLEARLY
-CHECK OR MONEY ORDER (NO CASH) MADE PAYABLE TO:
CJIS-CENTRAL REPOSITORY
-MAIL COMPLETED APPLICATION TO:
CJIS, P.O. BOX 32708, PIKESVILLE, MD 21282-2708
OR RETURN TO REQUESTING AGENCY
-FOR ASSISTANCE CALL 410-764-4501

NAME _____
(Last) (First) (Middle) (Maiden)

ADDRESS _____
(Number) (Street) (P.O. Box)

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____ CITIZENSHIP _____
MM DD YYYY

HEIGHT: FT. ____ IN ____ WEIGHT ____ RACE ____ SEX ____ EYES ____ HAIR ____

† SOCIAL SECURITY NUMBER _____

MD. DRIVER LICENSE NUMBER _____

POSITION APPLIED FOR: N/A

AUTHORIZATION NUMBER 9300000850

ATTENTION Maryland Board of Nursing

MAIL REPLY TO: _____ (NAME)

4140 Patterson Avenue

ADDRESS _____ (Number) (Street) (P.O. Box)

Baltimore MD 21215-2254

(City) (State) (Zip)

† Privacy Act of 1974 (PL. 93-579) applies.

"By submitting your check for payment you are opting into electronic processing. To see more details on this please visit our website at www.dpsc.state.md.us"

CJIS-012 (01/08)
FAST FORMS

State Only
 State and FBI
 State and FBI Volunteer

CHRI REQUEST TYPE:
Check Only One

Adult Dependent Care
 Attorney/Client Criminal Case #
 Child Care
 Criminal Justice
 Gold Seal Letter/Adoption
 Gold Seal Letter/Visa
 Government Employment
 Government Licensing or Certification
 Immigration/Visa
 Individual Challenge
 Individual Review
 MSP Licensing
 Private Employer Petition
 Public Housing Authority

Payment Enclosed
Amount \$ _____
Check or M.O. # _____

Bill Authorization Account (must have approved billing agreement)
 Indigent (Form must be attached with verification)
 One FBI fingerprint card enclosed for FBI

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK	FBI	LEAVE BLANK
		LAST NAME <u>NAM</u> FIRST NAME _____ MIDDLE NAME _____		
SIGNATURE OF PERSON FINGERPRINTED _____		ALIASES <u>AKA</u>	O R I	MD920480Z MD BD OF NURSING BALTIMORE, MD
RESIDENCE OF PERSON FINGERPRINTED _____		CITIZENSHIP <u>CTZ</u>		DATE OF BIRTH <u>DOB</u> Month Day Year
DATE _____	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____	YOUR NO. <u>OCA</u>	SEX _____ RACE _____ HGT _____ WGT _____ EYES _____ HAIR _____	PLACE OF BIRTH <u>POB</u>
EMPLOYER <u>Md. Board of Nursing</u>	<u>Md. Board Of Nursing</u> 4140 Patterson Avenue Baltimore, MD 21215	FBI NO. <u>FBI</u>	LEAVE BLANK	
REASON FINGERPRINTED <u>Md. Ann. Code, Health Occ., §§8-303, 8-6A-05</u>		ARMED FORCES NO. <u>MNU</u>	CLASS _____	
		SOCIAL SECURITY NO. <u>SOC</u>	REF. _____	
		MISCELLANEOUS NO. <u>MNU</u>		