



May 7, 2010

Dear Registered Nurse, Licensed Practical Nurse, or Certified Nursing Assistant:

RE: Notice of Requirement of Criminal History Records Check for Renewal of License or Certificate

State and federal criminal history records check is now required of all Registered Nurse (RN), Licensed Practical Nurse (LPN), and Certified Nursing Assistant (CNA) renewal applicants. Criminal History Records Check (CHRC) for selected renewal applicants will begin this year. The Board will be implementing the CHRC for renewals, one month per year for the next 12 years. See Health Occupations Article, §§ 8-312(g) and 8-6A-08(l), Maryland Code Annotated.

Please be aware that a criminal conviction is not necessarily a bar to renewal of your license or certificate.

The fees charged by the Central Repository for the cost of the fingerprints and a criminal history record check will be the responsibility of the applicant. All fees must be paid to the Central Repository by credit card, check or money order in United States currency. The Central Repository cannot accept cash.

ALL RNs, LPNs, and CNAs WHOSE LICENSE OR CERTIFICATE EXPIRES IN JUNE 2010, MUST OBTAIN A CHRC IN ORDER TO RENEW.

Enclosed is the necessary documentation needed to have your fingerprints processed. Please be sure to have your CHRC completed immediately to ensure that your license or certificate is processed within the required time frame for renewal.

Please understand that if the Board has received your renewal information and payment, but has not received confirmation that you initiated the CHRC procedure, your license or certificate renewal application will not be processed.

Sincerely,

A handwritten signature in blue ink that reads "Patricia A. Noble, MSN, RN".

Patricia A. Noble, M.S.N., R.N.
Executive Director



May 20, 2010

THESE ARE INSTRUCTIONS FOR COMPLETING THE STATE & FBI ELECTRONIC FINGERPRINT CARDS IN ORDER TO OBTAIN YOUR CRIMINAL HISTORY RECORDS CHECK (CHRC).

PLEASE READ ALL INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THE INSTRUCTIONS WILL LEAD TO DELAY OF TESTING, CERTIFICATION, OR LICENSURE. 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

Absolute Investigative Service
 604 E. Joppa Road
 Towson, MD 21286
 Telephone: 410-828-6460
<http://www.absoluteisi.com/>

Apex Investigative Services
 1916 Crain Hwy S. Ste 11
 Glen Burnie, Md. 21061
 Phone: 410-590-3700
www.apex-fingerprinting.com/

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

L-1 Enrollment Services
 c/o BITHGROUP Technologies
 Baltimore, Maryland
 Telephone: 877-467-9215
www.ibtfingerprint.com/

Mid-Atlantic Regional Investigations, LLC
 1202 West Street
 Annapolis, MD 21401
 Telephone: 888-320-7775
<http://www.marinvestigations.com/>

All American Protective Services, LLC
 2275 Research Blvd, Suite 500
 Rockville, MD 20850
 Telephone: 301-296-4499 x1182
www.mdfingerprint.com/

Broadway Services, Inc.
 3709 E. Monument St.
 Baltimore, MD 21205
 Telephone: 410-563-6949
www.broadwayservices.com/bsi/home.aspx

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

L-1 Enrollment Services
 c/o Hughes Barney
 Largo, Maryland
 Telephone: 877-467-9215
www.ibtfingerprint.com/

Screen First, Inc.
 3 Greenwood Place, Ste 103
 Pikesville, MD 21208
 Telephone: 410-624-2688
<http://www.screenfirstinc.com/>

All American Protective Services, LLC
 2275 Research Blvd, Suite 500
 Rockville, MD 20850
 Telephone: 301-296-4499 x1182
www.mdfingerprint.com/

Grand Mission Consult
 7515 Annapolis Rd #203
 Hyattsville, MD 20784
 Telephone: 866-454-6282
www.grandmissions.com/fingerprint.html

L-1 Enrollment Services
 c/o ABCO Investigations
 Ocean City, Maryland
 Telephone: 877-467-9215
www.ibtfingerprint.com/

L-1 Enrollment Services
 c/o Securitas Security
 Hagerstown, Maryland
 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.dpscs.state.md.us/publicservs/fingerprint.shtml>

TDD FOR DISABLED MARYLAND RELAY SERVICE 1-800-735-2258

3. **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 FOR COMPLETING THE CRIMINAL HISTORY RECORD CHECK (CHRC)
OVERVIEW

- All June renewal licensee/certificate holders must submit to a criminal history check.
- Your license or certificate will not be updated or renewed until you have submitted to the Board verification of having initiated the criminal history records check.
- Type or print all information in black ink. Do not sign the cards until you are directed to do so by the person obtaining the prints.

OBTAINING FINGERPRINTS and FEE:

- 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 print. **Submit the printed verification to the Board of Nursing.**
- **ALL FINGERPRINT RESULTS ARE TO BE SENT TO THE FOLLOWING ADDRESS:**
Central Respository (CJIS)
6776 Reisterstown Road
Suite 102
Baltimore, MD 21215

If your fingerprints are **REJECTED**, you will receive a letter from CJIS. Follow the instructions on the letter and send your **REPEAT** prints directly TO CJIS. CALL CJIS WITH **ANY QUESTIONS** ABOUT RETURNED CARDS AND REPEAT PRINTS. **DO NOT RETURN** THE REPEAT CARDS TO THE BOARD OF NURSING

VERIFICATION THAT ELECTRONIC FINGERPRINTS WERE TAKEN:

ALL electronic receipt(s) must have the:

- a. Applicant's name; and
- b. Date and transaction/reference number
- c. Signature of the person taking the fingerprints.

WHAT MUST BE SUBMITTED TO THE BOARD:

You must submit the printed verification/receipt that your Criminal History Records Check has been initiated.

If in doubt, check the FAQs on the Board's website under criminal history record checks. THEN if there are further questions or concerns, call Jeff Odin 410-585-1951.

When receipt of the verification of having fingerprints taken comes to the Board, any individuals who have completed their online renewal, it will be updated & renewed.

INSTRUCTIONS FOR COMPLETING THE ELECTRONIC FINGERPRINT

1. Results are returned faster to the Board if the fingerprints have been done electronically. Please see attached paper insert (last page) 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 print. **Submit the printed verification with your application.**
2. For CJIS Customer Service Desk call 410-764-4501 or 1-888-795-0011; 8a to 5p Monday - Friday.
3. Be sure to take the attached paper insert (last page) and **at least one** of the following proper forms of identification with you. Documents must be current.
 - Maryland driver's license
 - Another state or country driver's license
 - Passport
 - Certificate of U.S. citizenship
 - Alien registration card
 - Identification card issued by a state or local governmental agency, the District of Columbia, a United States territory, or a foreign government.
4. Pay the fee and have your fingerprints taken. Get an electronic printed receipt to attach to your application to the Board.
5. **Completing the State (lavender) card.**
 - Fill in the card prior to fingerprinting - your signature will be obtained by the fingerprinter at the fingerprint location. **(DO NOT FORGET TO SIGN THE CARD)**
 - Fill in your name and address – this information will be used in the event that your fingerprint cards are rejected and need to be returned to you.
 - 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 zeros (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) Governmental licensing or certification
 - Do not fill out the disclosure section.
 - 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. If you do fill it out in error, send in the completed printed card anyway.
6. **Completing the FBI (blue print) card.**

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.
7. 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.
8. 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,
9. 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 Jeff Odin Administrative Specialist 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. 410-585-1951 or
 - ii. fax 410-358-3530, or
 - iii. jodin@dhmh.state.md.us



09 3043 66498 0



APPLICATION FOR CRIMINAL HISTORY RECORD CHECK

-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

MD _____
ORI# If Required _____

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

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

(City) (State) (Zip Code)

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 **0900006155**

ATTENTION _____

MAIL REPLY TO: _____

ADDRESS **4140 Patterson Avenue** _____
(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.dpscs.state.md.us

CJIS-015 (10/08)
FAST FORMS

Reason Fingerprinted

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 NAM	FIRST NAME	MIDDLE NAME		
SIGNATURE OF PERSON FINGERPRINTED	ALIASES AKA	ORI MD920499Z MD BD OF NURSING BALTIMORE, MD	DATE OF BIRTH DOB		Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED	CITIZENSHIP CTZ		SEX	RACE	HGT	WGT
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. OCA	HAIR	PLACE OF BIRTH POB		
EMPLOYER AND ADDRESS		FBI NO. FBI	LEAVE BLANK			
REASON FINGERPRINTED		ARMED FORCES NO. MNU	CLASS _____			
		SOCIAL SECURITY NO. SOC	REF. _____			
		MISCELLANEOUS NO. MNU				
Md. Ann. Code, Health Occ., §§8-303, 8-312						