



Background Check Packet

State Law requires all individuals applying for or restoring a license with the State Medical Board of Ohio to submit fingerprints for a criminal record check completed by both the Ohio Bureau of Criminal Investigation (BCI) and the Federal Bureau of Investigation (FBI).

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Packet Materials

Fingerprinting Options & Instructions
FBI Fingerprint Card Example
FBI Fingerprint Cards
FastFingerprints Payment Form

Ohio Revised Code (ORC) Reasons for Fingerprinting

<u>License Type</u>	<u>ORC #</u>
Physician	4731.08
Podiatrist	4731.08
Physician Assistant	4730.101
Massage Therapist	4731.171
Cosmetic Therapist	4731.171
Anesthesiologist Assistant	4760.032
Radiologist Assistant	4774.031
Genetic Counselor	4778.04
Respiratory Care Professional	4761.051
Respiratory Care Limited Permit	4761.051
Licensed Dietitian	4759.061
Dietetics Limited Permit	4759.061
Acupuncturist	4762.031
Oriental Medicine Practitioner	4762.031

Fingerprinting Options

There are two options for completing the background checks:

OPTION 1 – Ohio Fingerprint Services (*Approximate Processing Time: 2 Weeks*)

The State Medical Board of Ohio recommends electronic prints when possible. If you are located in Ohio or can make yourself present in Ohio, you must submit electronic prints via the national Webcheck Program. An approved Ohio WebCheck facility can be located at <https://www.ohioattorneygeneral.gov/backgroundcheck>. Once you have located a Webcheck facility near you should:

1. Call the facility to schedule an appointment and verify requirements for fingerprinting at that location. Generally, you will need:
 - a. A valid, government-issued photo ID
 - b. Form of payment
 - c. Reason for fingerprinting. **You must provide the correct ORC #** (see above for appropriate ORC # for the license being applied for).
2. Have the Webcheck facility select “direct copy” from the dropdown box for the State Medical Board of Ohio, located at 30 East Broad Street, 3rd Floor, Columbus, OH 43215.

OPTION 2 – Out-of-State Fingerprint Services (*Approximate Processing Time: 4 Weeks*)

If it is not possible to appear in Ohio for electronic fingerprinting through WebCheck, the board recommends using FastFingerprints to complete the fingerprinting. FastFingerprints offers two methods to submit fingerprints:

- A. If there is a FastFingerprints location in your area, you can have your fingerprints taken electronically at the location. Search for locations at <http://www.nationalbackgroundcheck.com/background-check-locations.htm>. If you choose this method, you should:
 1. Visit the location to have the fingerprinting completed in electronic form
 2. Fax or email the completed FastFingerprints form as instructed on the form. **You must provide the correct ORC # on the top section of the form** (see above for appropriate ORC # for the license being applied for).
- B. If there is no FastFingerprints location in your area, you will have to mail two completed inked fingerprint cards to FastFingerprints. To complete the fingerprinting via this method, you should:
 1. Contact an entity that can perform ink fingerprinting and verify requirements for fingerprinting at that location. Ink fingerprinting can be completed by most local law enforcement agencies. Generally, you will need:
 - a. A valid, government-issued photo ID
 - b. Form of payment
 - c. Reason for fingerprinting (see above for appropriate ORC # for the license being applied for).
 2. Complete the ink fingerprinting of two cards at the location. **You must provide the correct ORC # on the fingerprint cards in the "reason fingerprinted" box** (see above for appropriate ORC # for the license being applied for). See example below.

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

OR I

OHBCJ0000
STATE BUREAU
LONDON, OH

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

STATE MEDICAL BOARD OF OHIO
30 E. BROAD ST., 3RD FLOOR
COLUMBUS, OH 43215

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

Required for licensure per ORC

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

OR
I

OHBCI0000
STATE BUREAU
LONDON, OH

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA
1AB002

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS _____

STATE MEDICAL BOARD OF OHIO
30 E. BROAD ST., 3RD FLOOR
COLUMBUS, OH 43215

ARMED FORCES NO. MNU

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

Required for licensure per ORC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

OHIO STATE MEDICAL BOARD FORM



This registration form completed and signed is the official document of the transaction. All information collected and received during the process of fingerprinting and dissemination of background check results is kept confidential and meant for National Background Check, Inc. (NBCI) use only. This form MUST be submitted to us in order to copy your fingerprints.

1) WHAT IS THE REASON FOR THE BACKGROUND CHECK (customer is required to provide this information):

X GETTING A LICENSE/PERMIT

2) Please provide the specific Ohio Revised Code (ORC) you need to be processed with: O.R.C.# _____

REQUESTED BACKGROUND CHECK
BCI&FBI \$72.00

PAYMENT METHOD:

CHECK #: _____ (IF PAYING BY CHECK ~ MAIL THIS FORM AND CHECK PAYMENT TO): NBCI
1486 BETHEL ROAD
COLUMBUS, OHIO 43220
CREDIT CARD (IF PAYING BY CREDIT CARD ~ FAX OR EMAIL THIS FORM IF YOU ARE NOT COMFORTABLE PROVIDING THIS PAYMENT INFO. VIA FAX/EMAIL, PLEASE CONTACT NBCI CORPORATE TO PAY OVER THE PHONE AT (614) 457-8900 OR (877) 932-2435 AND A REPRESENTATIVE CAN ASSIST YOU. (VISA, MC, AMEX): _____ CREDIT CARD #: _____
EXP. DATE: ____/____/____ CVV CODE: _____ NAME AS IT APPEARS ON CARD: _____
AUTHORIZED SIGNATURE: _____
I AUTHORIZE NBCI TO CHARGE MY CREDIT CARD TO PAY FOR THE ABOVE BACKGROUND CHECK.

(Print clearly; illegible writing will delay delivery)

3) APPLICANT INFORMATION:

Name: _____ SS Number: _____ - _____ - _____
Address: _____ Date of Birth: _____
City, State, Zip: _____ Race: _____
Gender: _____ Height: _____
Weight: _____ Hair Color: _____
Eye Color: _____ Email: _____
Daytime Phone Number: (____) _____ - _____ How did you hear about us? _____

If you have already gotten your fingerprints done at a Fast Fingerprints location, your results will go electronically to the Medical Board, and a mailed copy will come back to you at your home address

4) Company/Agency Name: _____ Ohio State Medical Board
Address: _____ 30 E. Broad Street 3rd Floor _____ Attn: _____ Krista Tackett
City, State, Zip: _____ Columbus, OH, 43215 _____ Phone: (____) _____ 466 - 3934

***If you are going to be sending in fingerprint cards, please send this completed form along with your cards to:

Fast Fingerprints
Ohio Card Scanning Division
1486 Bethel Rd.
Columbus, OH, 43220

***If you went to a Fast Fingerprints location and had fingerprints taken electronically, please fax or email this form to:

614-635-2879
contactus@fastfingerprints.com

RELEASE OF BACKGROUND CHECK RESULTS

I hereby certify that I have given National Background Check, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I), the Federal Bureau of Investigation (FBI) (if requested), and release that information to the company/agency /individual indicated above. By placing my fingerprint images on the WEBCHECK Scanner, I am authorizing BCI&I to release criminal history information about me to National Background Check, Inc. and the company/agency /individual indicated above. I hereby release BCI&I and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I understand National Background Check, Inc. cannot guarantee that my fingerprint images will be deemed readable by BCI&I, in which case I may need to be re-fingerprinted. I understand this does NOT constitute a refund due to charges incurred by BCI&I immediately after the data is transmitted. National Background Check, Inc. will assist me with the process to complete this background check if I am rejected a second time.

I understand that using the WEBCHECK System returns a "no hit" (those containing no criminal history) result within (10) business days or sooner or a "mailed" result (those that contain a criminal arrest history) could take up to (30) thirty business days before being forwarded to the requested destination.

Applicant Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY: Date Received: _____ Processed By: _____ Date Processed: _____