Ohio Board of Nursing www.nursing.ohio.gov
17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

Information: Request for Exemption from Electronic Fingerprint Submission

In order to be exempted from submitting your fingerprints electronically for State of Ohio BCI and Federal FBI criminal history records checks, please follow these steps:

1. Print the attached document (which includes your BCI and FBI fingerprint cards).

2. Fill out the "Request for Electronic Fingerprint Submission Requirement" including signing your name and the reason you are exempt. The reasons you can choose from are listed in the "Request for Exemption from Electronic Information Sheet".

3. Take the BCI and FBI fingerprint cards to your local Sheriff or police department to get your fingerprints. Show them the instructions ("FBI Background Check Procedures" and "BCI Civilian Background Check Procedures").

4. Mail the following to BCI:

Bureau of Criminal Identification and Investigation
P.O. Box 365
London, Ohio 43140

- Completed/signed "Request for Electronic Fingerprint Submission Requirement"
- Check for $47.25 payable to "Treasurer, State of Ohio" (can be personal check, certified check, money order)
- Completed Civilian Background Check Fingerprint Card
- Completed FBI Fingerprint Card

5. Questions? Call: 740-845-2000

DAVE YOST
OHIO ATTORNEY GENERAL

Civilian Identification
Office 877-224-0043
Fax 866-750-0214

Request for Exemption from Electronic Information Sheet

Instructions:

Complete exemption form in its entirety.

The following are the ONLY accepted reasons for an exemption as of June 1, 2008:

1. Applicant's home address is 75 miles or more from the nearest WebCheck location.

2. Out-of-state applicant.

3. Poor quality fingerprints (Not able to capture at WebCheck location.) Please provide the name of location where the background check was attempted on the waiver form.

4. BCI/FBI Rejects from original electronic submission. Note: The original reject letter must accompany the fingerprint card(s).

5. Public Housing Organization background checks.

6. Background check is for a military base and is paid for by the federal government.

Waivers of the electronic submission requirement will be evaluated on a submission by submission basis.

No "blanket" or agency-wide waivers will be granted.

Exemption requests that are denied will be returned to the submitting agency. Any card that is submitted without a waiver form will also be returned.

Updated 01-14-19

DAVE YOST

OHIO ATTORNEY GENERAL

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Office 877-224-0043
Fax 866-750-0214

Request for Exemption from Electronic Fingerprint Submission Requirement
Bureau of Criminal Identification and Investigation
P.O. Box 365
London, Ohio 43140

Instructions: Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Mail this form, together with your fingerprint card(s), to the above address.

APPLICANT'S NAME:

_____

LAST FIRST M.I.

APPLICANT'S HOME ADDRESS:

_____

Street City State Zip

EMPLOYER or LICENSING AGENCY:

_____

BASIS FOR EXEMPTION:

1. No regional access (> 75 miles) to electronic fingerprinting services:
Nearest electronic fingerprint site: (Refer to public sites listed on the Attorney General's website at http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing

_____

Business Name Address

2. Other (see information sheet):_____

I request an exemption from the mandatory electronic fingerprint submission requirement. I certify that the information I have provided on this request is true and correct.

_____ _____

Applicant's Signature Date

The Ohio Attorney General's Office, Bureau of Criminal Identification and Investigation will evaluate your request and determine if adequate justification exists to accept your fingerprint card(s) in order to process this request for criminal background check information for employment, licensing, certification, child placement, adoption or personal use.

DAVE YOST
OHIO ATTORNEY GENERAL

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FBI BACKGROUND CHECK PROCEDURES

- Use only the FBI Applicant fingerprint card for federal background checks. A release from electronic fingerprint form must be submitted with the card. FBI cards must be submitted to BCI for processing, they cannot be sent directly to the FBI.

- The fee for the FBI check is $25.25. A money order, certified check, business check or personal check made payable to: Treasurer, State of Ohio, must accompany the card if you are not using a billable agency code. Cash, third party or starter checks will not be accepted.

- If payment is being submitted with a card, 1AB002 must be written in the OCA box and the address the result is to be sent to must be written and then circled in the Employer box. If the card is being billed to an agency code, write the agency code in the OCA box and the result will be returned to the address for the agency code.

- Write 4UR619 in the reason fingerprinted box if you need the result sent electronically to
  the Ohio Dept. of Education.

- Each fingerprint card must be completed with the required information (i.e., social security number, date of birth, sex, race, etc.) this information may be validated with a driver's license or other photo I.D.

- When taking fingerprints, only fingerprinting ink should be used and fingers should be rolled nail to nail.

- The "reason fingerprinted" field must include the ORC for the type of employment the background check is for. The FBI background check can only be processed for working with children, working with the elderly, and certain types of licensing. If you need an FBI check done for a non-state mandated reason, please contact the FBI at 540-868-1535.

- If any of the aforementioned information is incomplete, fingerprint cards will be returned unprocessed. For questions regarding FBI background checks, please call the Civilian Unit of BCI at 877-224-0043. Your cooperation is greatly appreciated.

Civilian Unit
Identification Department
Bureau of Criminal Identification &
Investigation

Revised: 01-14-19

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 5-15-17) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

ORI 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

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

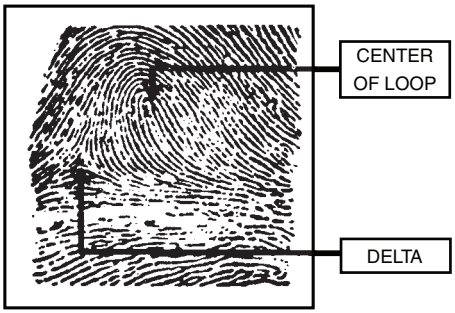
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1110-0046

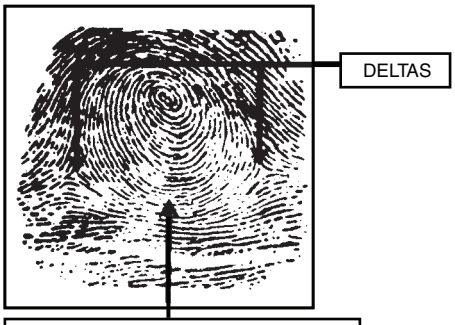
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH

ARCHES HAVE NO DELTAS

FD-258 (REV. 5-15-17)

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.
Enter data within the boundaries of the designated field or block.
Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

Do not use highlighters on fingerprint cards.
Do not enter data or labels within 'Leave Blank' areas.
Ensure fingerprint impressions are rolled completely from nail to nail.
Ensure fingerprint impressions are in the correct sequence.
Ensure notations are made for any missing fingerprint impression (i.e. amputation).
Do not use more than two retabs per fingerprint impression block.
Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

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

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 fingerprints 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.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

* 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.

2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

DAVE YOST
OHIO ATTORNEY GENERAL

Civilian Identification
Office 877-224-0043
Fax 866-750-0214

BCI CIVILIAN BACKGROUND CHECK PROCEDURES

- Use only the BCI Civilian Background Check card for the State of Ohio background check. A release from submission of electronic fingerprint form must be completed and submitted with the card.

- The fee for a BCI check is $22.00. A money order, certified check, business check or personal check made payable to: Treasurer, State of Ohio, must accompany the card if you do not have a billable agency code established with BCI. Cash or starter checks will not be accepted.

- If payment is being submitted with a card, 1AB002 must be written in the Agency Code box and the address the result is to be sent to must be written in the Send Background Check Results To box. If the card is being billed to an agency code, write the agency code in the Agency Code box and the result will be returned to the address for the agency code.

- Each fingerprint card must be completed with required information (i.e., social security number, date of birth, etc.) this information may be validated with a driver's license or other photo I.D. All information should be typed or printed legibly.

- When taking fingerprints only fingerprinting ink should be used, and fingers should be rolled nail to nail.

- The Reason Fingerprinted field must be completed. Please check the appropriate box and specify the proper Ohio Revised Code section number that pertains to the reason fingerprinted if the box you check requires an Ohio Revised Code.

- If any of the aforementioned information is incomplete, fingerprint cards will be returned unprocessed. For questions regarding BCI civilian background checks, please call the Civilian Unit of BCI at 877-224-0043. Your cooperation is greatly appreciated.

Civilian Unit
Identification Department
Bureau of Identification & Investigation

Revised 01/14/19

CIVILIAN BACKGROUND CHECK

TYPE ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP

DATE OF BIRTH DOB
Month Day Year

ALIASES AKA

SOCIAL SECURITY NO. SOC

DATE FINGERPRINTED

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

AGENCY CODE/or/ORI/AGC
1AB002

OHIO RESIDENT MORE THAN 5 YEARS
☐ Yes ☐ No

SEND TO TEARCHERS CERT (4UR619)
☐ Yes ☐ No

DRIVERS LICENSE OR STATE ID NBR

SEND BACKGROUND CHECK RESULTS TO: (Please check one)
☐ agency listed in agency code box
☐ residence listed in address of person fingerprinted
☒ other - specify NAME ADDRESS

Ohio Board of Nursing - Licensure Unit
17 S. High St. #660
Columbus, OH 43215

REASON FINGERPRINTED
(Please Check One)

☐ *Responsible for care, custody, control of children (SB-38)
☐ *Responsible for direct care of elderly (HB-160)
☒ *Required for licensing/permit
☐ Law enforcement (police, corrections applicant or criminal justice employment
☐ Other, please specify

*Required: specify Ohio Revised Code section number
ORC 4723.09

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

BIM 12/98

Attorney General

Check one and mail to appropriate address

Superintendent

[X] **PAYMENT ENCLOSED**_____

(MAKE CHECKS PAYABLE TO TREASURE STATE OF OHIO
NOTE: ONLY CERTIFIED CHECKS, BUSINESS CHECKS OR
MONEY ORDERS CAN BE ACCEPTED

If payment accompanies card, mail to:

c/o Fiscal Section

[ ] **BILL TO AGENCY** _____

***AGENCY CODE**
*Required

If agency is to be billed after record check has been completed, mail to:

c/o Civilian Background Check Unit

Bureau of Criminal Identification and Investigation
P.O. Box 365
London, Ohio 43140

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly au.thorize the Ohio Bureau of Criminal Identification & Investigation (BCI&I) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize DCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to Ohio Board of Nursing. I voluntarily and Knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related. to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

Agency Name

_____
Applicant's Name (please print)

_____
Witness Name (please print)

_____
Applicant's Signature (Date)

_____
Witness Signature

_____
Parent/Guardian Name

_____
Parent/Guardian Signature (Minor Applicants only)