

Ink Fingerprint Background Check Instructions

OSU College of Nursing

In order to begin your rotations, you are required to complete a BCI (Ohio) & FBI (National) background check. You may not be eligible to begin until the fingerprint background check has completed.

Since you are outside the state of Ohio, you will need to complete this process on **two ink fingerprint cards (1 BCI card, 1 FBI card)** at your local police/sheriff's office or any agency that offers this service. Please do not attempt to fingerprint yourself. Each fingerprint card must be completed with the required information (areas highlighted) and validated by a fingerprint official with your photo I.D. Please print and complete one (1) of each of the required cards on either cardstock or standard printing paper.

- **Card #1:** [Ohio Bureau of Criminal Investigation \(BCI\)](#) (see pages 2-3)
- **Card #2:** [Federal Bureau of Identification \(FBI\)](#) (see pages 4-5)

Once you have completed the ink process, both cards with payment and the [exemption form](#) (page 6-7) must be submitted to BCI for processing. Please do not send any of these documents directly to the FBI. A money order, certified check, business check or personal check must be made **payable to: Treasurer, State of Ohio in the amount of \$47.25**. Cash, third party or starter checks will not be accepted.

Enclose all background check contents and mail to:

Civilian Unit Identification Dept.
Bureau of Criminal Identification & Investigation (BCII)
P.O. Box 365
London, Ohio 43140

Once received by BCI, the background check process can take anywhere from 1-4 weeks to complete and received by the Office of Human Resources, Background Check Office. Individuals that have a reportable criminal record may take anywhere from 30-45 days to process. If any of the required information (areas highlighted) is incomplete or missing on your ink cards, your documents will be returned unprocessed. If you have any questions about the status of your background check, please call the Civilian Unit of BCI at 877-224-0043.

Please contact the background check team if you have any questions about this process.

Kind Regards,

The Background Check Team, HR Connection



THE OHIO STATE UNIVERSITY
HUMAN RESOURCES



CIVILIAN BACKGROUND CHECK

TYPE ALL INFORMATION IN BLACK

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP		DATE OF BIRTH		ALIASES AKA	
		DOB			
		Month Day Year			
		SOCIAL SECURITY NO.		REASON FINGERPRINTED	
		SOC		(Please Check One)	
DATE FINGERPRINTED		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		4723.09 (Nurses)	
				<input checked="" type="checkbox"/> ORC	
SEND BACKGROUND CHECK RESULTS TO: (Please check one)		AGENCY CODE/or ORI/AGC		<input type="checkbox"/> Law enforcement (police, corrections applicant or criminal justice employment)	
<input type="checkbox"/> agency listed in agency code box				<input type="checkbox"/> Other, please specify	
<input checked="" type="checkbox"/> other - specify		DRIVERS LICENSE OR STATE ID NBR			
Background Checks – Nursing					
OSU Office of Human Resources 1590 N.					
High St., Ste. 300 Columbus, Ohio 43201					
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	



Bureau of Criminal 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 authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____ Agency Name. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI 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.

Applicant's Name (please print)

Applicant's Signature

(Date)

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)

APPLICANT

* See Privacy Act Notice on Back

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

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS
Background Checks – Nursing
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, Ohio 43201

REASON FINGERPRINTED

Nurses (RNs, LPNs, Dialysis techs, students entering
nursing education) ORC 4723.09

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

FBI LEAVE BLANK

ALIASES AKA

OHBCI0000
STATE BUREAU
LONDON, OH

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR DATE OF BIRTH DOB
Month Day Year

YOUR NO. OCA

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

REF.

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**

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).

1. LOOP

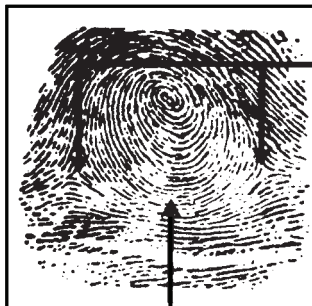


CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
DELTA MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS



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



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:

The Ohio State University, Office of Human Resources

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): Out-of-state applicant

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.