

ARKANSAS and FBI CRIMINAL BACKGROUND CHECK INSTRUCTIONS

GENERAL INFORMATION

- Arkansas law requires criminal background checks.
- State and federal criminal background check is required if they are not already on file with Arkansas State Board of Nursing (ASBN) within the last 12 months of application.
- Background checks from other agencies are not accepted.
- Fees associated with conduction of the state and federal criminal background checks are at the applicant's expense and are paid within the online system. A fee of \$36.25, in addition to a processing fee, is required to process the state and federal criminal background checks.

FEES ARE NONREFUNDABLE.

DO NOT, UNDER ANY CIRCUMSTANCES, CONTACT THE ARKANSAS STATE POLICE OR THE FBI ABOUT THE STATUS OF YOUR CRIMINAL BACKGROUND CHECKS.

ARKANSAS STATUTE

If an applicant has pleaded guilty or nolo contendere to or found guilty of any offense listed in ACA § 17-3-102, he/she is not eligible for Arkansas licensure. (ACA § 17-3-102 provides the applicant an opportunity to request a waiver of eligibility criteria related to a criminal background in certain circumstances).

ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK

The State Criminal Background Check information is obtained within the online process; no additional form is completed or submitted to Arkansas State Board of Nursing or the Arkansas State Police.

FEDERAL CRIMINAL BACKGROUND CHECK

Effective July 28, 2021, federal background checks from individuals in Arkansas must be submitted electronically (Live Scan).

The Federal Criminal Background Check requires that your fingerprints are used to check the criminal history records of the Federal Bureau of Investigation (FBI). Fingerprint information is obtained in one of two ways, either by Arkansas Live Scan fingerprint scanning or Ink based fingerprint card. Refer to the respective instructions contained herein.

07.2021

**Arkansas State Board of Nursing
Federal Criminal Background Check
Arkansas Live Scan Fingerprint Scanning Instructions**

ASBN has approved Arkansas Live Scan as the **ONLY** vendor for our agency that can conduct digital scanning of fingerprints for Federal Criminal Background Checks. Obtaining fingerprints electronically (Live Scan) is mandatory. No fingerprint card is required.

Approved Company: Arkansas Live Scan

CONTACT INFORMATION

1. Website: <http://www.arkansaslivescan.com/>
2. Email: Prints@ArkansasLiveScan.com
3. Phone: 888.292.4211 Dial Ext 6
4. Live Scan Administrator Direct Number: 479.459.6899

For additional information or to schedule an appointment, visit ArkansasLiveScan.com

Location Addresses

1. 1402 Arapaho, Springdale, AR 72764 (Inside Farmers Insurance Building)
2. 1804 S. C St., Fort Smith, AR 72901
3. 3901 McCain Park Dr., Suite 110 North Little Rock, AR 72116
4. 216 Olive St., Room 212, Texarkana, AR 71854
5. 3405 One Place, Jonesboro, AR 72404
6. 485 N. Lee St., Hampton, AR 71744
7. 835 Central Ave., Suite 402A, Hot Springs, AR 71901
8. **The mobile unit is available for on-site testing.** Reserved for groups greater than 25 students, but requests can be handled on individual basis, so call. * Depending upon customer needs and demand Arkansas Live Scan will accommodate request of service outside normal business hours when needed.

INSTRUCTIONS

In order to have fingerprints obtained via Arkansas Live Scan note the following:

1. Submit application

- Licensure Examination or Endorsement applicants should submit an ASBN application through their nurse portal account. Pay the respective application and temporary permit (as applicable) fees.

2. Submit criminal background checks

- Licensure Examination or Endorsement applicants must submit request for criminal background checks (CBC) and pay associated fee through a separate system. Request CBC by accessing www.arsbn.org. Click on the blue Criminal Background Checks box. Complete information. Print payment summary/receipt.
- If an individual is not submitting an electronic licensure application, request completion of CBC as described above.

3. Obtain fingerprints

- Each applicant must take the Payment Summary form (reflecting payment of CBC fee) and photo ID to the site (**no fingerprint card is needed**).
- There is an additional \$15.00 fee that each applicant pays to Arkansas Live Scan when having a live scan conducted. **FEES ARE NONREFUNDABLE**
- The applicant and fingerprint technician will complete a Harvester Fingerprint Form.
- Arkansas Live Scan will electronically submit the Harvester Fingerprint Form to ASBN.
- Arkansas Live Scan electronically submits fingerprints.

Applicants may check for any communications from ASBN by accessing the message center through their personal nurse portal account.

End of Arkansas Live Scan Fingerprint Scanning Instructions

**Arkansas State Board of Nursing
Federal Criminal Background Check**

Arkansas Ink Based Fingerprint Card Instructions for applicants who reside outside Arkansas.

INSTRUCTIONS

Applicants that reside outside of Arkansas must submit the fingerprint card for the federal background check. Applicants may come to Arkansas to submit fingerprints electronically (Live Scan). To have your fingerprints obtained via the ink based option you **MUST** use the fingerprint card provided by the ASBN. Legibly complete the fingerprint card accurately and follow detailed instructions identified herein. An incomplete card will delay processing. ASBN typically receives results in 4 – 6 weeks; at times it may be longer.

1. Submit application

- Licensure Examination or Endorsement applicants should submit an ASBN application through their nurse portal account. Pay the respective application and temporary permit (as applicable) fees and **print the payment summary**.

2. Submit criminal background checks

- Licensure Examination or Endorsement applicants must submit request for criminal background checks (CBC) and pay associated fee through a separate system. Request CBC by accessing www.arsbn.org. Click on the blue Criminal Background Checks box. Complete information. Print payment summary/receipt.
- If an individual is not submitting an electronic licensure application, request completion of CBC as described above.

3. Obtain the fingerprint card

- **You MUST request that a fingerprint card is sent to you by mail** since the fingerprint card will not be automatically mailed. To request a fingerprint card click on the respective link within the online system.
- **DO NOT BEND OR FOLD THE FINGERPRINT CARD.**

4. Complete Fingerprint card

- Legibly complete the fingerprint card accurately and follow instructions identified herein. An incomplete card will delay processing. BE SURE ALL BOXES ARE COMPLETED PER INSTRUCTIONS.
- The Fingerprint Card CANNOT be submitted before completion of the online application. There is a specific INA Search ID number that is made available to an applicant on the Payment Summary page.
- **The following boxes MUST be completed on the fingerprint card** (type or print, **black ink only**). Refer to example of completed fingerprint card.
- Last name, first name, middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
- ORI (should read: AR920430Z State Board of Nursing, Little Rock, AR)
- Date of birth (numeric month, numeric day, numeric year)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Philippines)
- Sex, race, height, weight, eyes (color), hair (color) Sex: M=Male; F=Female Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown; (If Hispanic use "W") Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; MAR=Maroon; PNK=Pink; XXX=Unknown Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city, state, or foreign country)
- Employer and address ("none" if you are unemployed)
- Reason fingerprinted (Should read Arkansas State Board of Nursing - ACA §17-87-312)
- Social Security number
- FBI Leave Blank: Print the INA Search ID number in the **upper right hand corner** of the fingerprint card.
- Leave all other spaces blank (OCA, MNU, MNU)
- If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notations recommended for fingerprint submissions include: Amp (amputated), Ti--Amp (tip amputated), Missing at Birth, Cut-off, Shot-off, Deformed and Missing

**Arkansas State Board of Nursing
Federal Criminal Background Check
Arkansas Ink Based Fingerprint Card Instructions for applicants who reside outside Arkansas**

5. Obtain fingerprints

- Prepare to have your fingerprints conducted by obtaining a 9 x 12 brown mailing envelope and the two-page Fingerprint Verification Form contained herein. Even if you are having your fingerprints conducted at the Arkansas State Police ID Bureau you will need the envelope and Fingerprint Verification Form.
- Have fingerprints obtained by properly trained personnel.
 - Local police or sheriff’s department may provide this service. There may be a fee involved.
- **Note:** Remember you will need a 9 x 12 brown mailing envelope and the two-page Fingerprint Verification Form.
 - The Arkansas State Police ID Bureau in Little Rock on Geyer Springs Road at I-30 collects fingerprints without charge Monday - Friday, 8:00 a.m. - 4:30 p.m.
- Common errors that delay the processing of the FBI federal criminal background check fingerprint card include submission of an incomplete FBI fingerprint card and poor quality of fingerprints.
- **DO NOT BEND OR FOLD THE FINGERPRINT CARD.**
- The fingerprint technician and you will complete the Fingerprint Verification Form included herein.
 - Sign on page 2.
 - This form is still required if fingerprints are conducted at the Arkansas State Police.
 - Fingerprint technician places completed fingerprint card and Fingerprint Verification Form inside the 9 x 12 brown mailing envelope, seals the envelope, writes their name across the seal and returns the envelope to you.
 - Do not open the envelope.

6. Submit the Fingerprint Card

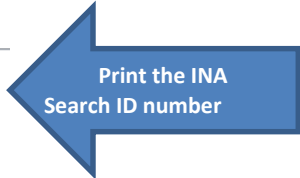
- Follow the instructions for mailing the fingerprint card to the **Arkansas State Board of Nursing** herein.
- Mail the sealed envelope that contains the completed fingerprint card and Fingerprint Verification Form to:
Arkansas State Board of Nursing, 1123 S. University, #800, Little Rock, AR 72204

Note: Do **NOT** submit the Fingerprint card to the ASBN before completion of the online application. There is a specific Search ID number that is made available on the Payment Summary page from the Criminal Background Check system.

Applicants may check for any communications from ASBN by accessing the message center in their nurse portal account.

Example of Completed Ink Based Fingerprint Card

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME <u>SMITH</u> MIDDLE NAME <u>JOHN</u>			FBI LEAVE BLANK			
SIGNATURE OF PERSON FINGERPRINTED <u>John Raymond Smith</u>		ALIANSES <u>ASA</u> <u>J.R.</u>			AR920430Z ST. BOARD OF NURSING LITTLE ROCK, AR		DATE OF BIRTH <u>DOB</u> Month Day Year <u>01-01-45</u>			
RESIDENCE OF PERSON FINGERPRINTED <u>49 Pepper Street</u> <u>Rocky Road, AR 72109</u>		CITIZENSHIP <u>CIT</u> <u>USA</u>		SEX <u>M</u>	RACE <u>W</u>	HGT <u>6'0"</u>	WGT <u>190</u>	EYES <u>BLU</u>	HAIR <u>BRO</u>	PLACE OF BIRTH <u>DOB</u> <u>Little Rock, AR</u>
DATE <u>01-01-02</u>	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <u>Sally Sue Boyd</u>		YOUR NO. <u>OCA</u>		LEAVE BLANK					
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		CLASS _____						
REASON FINGERPRINTED <u>AR State Board of Nursing</u> <u>ACA 17-87-312</u>		ARMED FORCES NO. <u>MNU</u>		REF. _____						
		SOCIAL SECURITY NO. <u>SOC</u> <u>444-55-6666</u>								
		MISCELLANEOUS NO. <u>MNU</u>								



IMPORTANT: After submitting request for CBCs, print the Payment Summary page. It contains an INA Search ID number. Write the INA Search ID number in the designated area on the fingerprint card before mailing the card to the Arkansas State Board of Nursing. If the INA Search ID number is not written on the fingerprint card, it is likely that fingerprints will not be processed. Print the INA Search ID number in the **upper right hand corner** of the fingerprint card in the box marked "FBI Leave Blank". The INA Search ID number is also located in the Arkansas GovPay Receipt that you received via email.

End of Arkansas Ink Based Fingerprint Card Instructions

RECORD CHALLENGE

If you elect to challenge the accuracy of the criminal history record information, you may do so by contacting the respective agency below, and it must be done prior to issuance or reinstatement of license. Applicant privacy rights are included herein.

For a copy of an Arkansas criminal history record:

Contact Arkansas Crime Information Center (ACIC) at 501.682.7444 or Arkansas State Police at 501.618.8000.

For a copy of an FBI criminal history record:

Contact U. S. Department of Justice Order rules allow the subject of an FBI record to request a copy of his/her own record. The FBI website for information about record review and challenge:

<http://www.fbi.gov/about-us/cjis/identify-history-summary-checks/challenge-of-an-identity-history-summary>

FINGERPRINT VERIFICATION FORM

ATTENTION: Fingerprint Technician

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. *Do not give the applicant the card without first sealing it inside the envelope.*

I. Fingerprint reason			
1. Requestor/Agency ID 17-87-312	2. Agency Name Arkansas State Board of Nursing		
II. Application information: Type or clearly print answers to all fields before going to be fingerprinted.			
1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names Or Aliases (optional)			
3. Date of Birth		4. Social Security Number (optional)	
5. Driver License State		6. Driver License Number	
7. Address			
8. City		9. State	10. Zip code
III. Technician Information: Type or clearly print answers to all fields at the fingerprinting site.			
1. Date printed		2. Name of Fingerprint Technician (print)	
3. Fingerprint Technician's Agency/Company Name		4. Fingerprint Technician Signature	
5. Type of photo ID provided (check one): <input type="checkbox"/> Driver's License/MVD Issued ID <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Passport			

Applicant sign on page 2

I understand that my personal information and fingerprints submitted by agency are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.

Applicant Signature _____ Date _____

28 CFR § 16.30 through 16.34 - Procedure to obtain change, correction, or updating of identification records.

If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division, and ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

**Ensure that the correct fingerprinting reason code and agency ID are used.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If an agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).