

AR920390Z

Arkansas Department of Health
Section of Emergency Medical Service
5800 W. 10th Street Suite 800
Little Rock, AR 72204-1763

EMS/School Affiliation or Reciprocity _____

Name of Supervisor or Instructor _____ State Approved Course Number _____

Statement of Oath (please check one):

- I verify that I have been a resident of Arkansas for **MORE** than five (5) years.
- I verify that I have been a resident of Arkansas for **LESS** than five (5) years or never lived in Arkansas.

Items Needed:

1. Completed (typed or printed clearly in **blue** ink) form should be signed **AND** notarized (see back).
2. If an FBI check is required; an email will be sent with a transaction ID number for live scan, or fingerprint cards will be mailed to the address on file.
3. **Please pay all fees online.**

RETURN TO THE SECTION OF EMS AT THE ABOVE ADDRESS

Last Name First Name Middle Maiden

Date of Birth Race Sex Social Security Number

Driver's License Number State of Issue County Phone Number

Current Mailing Address City State Zip Code

Physical Address City State Zip Code

Current E-Mail Address _____

Eye Color _____ Hair Color _____ Height _____ Weight _____ Place/State of Birth _____

The applicant must list all felony and misdemeanor charge(s) for which he/she was found guilty or pled guilty or nolo contendere to:

Date	Location	Description	Sentencing/Disposition
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY

Transaction Number _____

The name, address and date of birth appear in the following government issued identification document(s):

___ Driver's License ___ State Identification Card ___ Other (list) _____

I, the undersigned, understand the personal information and fingerprints submitted by ADH, Section of EMS 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 ADH, Section of EMS.

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

I state on oath that the representations made herein are true and correct.

Signature of Applicant (signature in blue ink)

Date

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20__.

At _____

City

State

Signature of Notary

(SEAL)

My commission expires: _____

SIGNATURE OF GUARDIAN IS REQUIRED IF APPLICANT IS UNDER THE AGE OF SIXTEEN (16)

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code §5-53-103.

28 C.F.R. §16.34 - Procedure to obtain change, correction, or updating of identification records.

Privacy Act Statement

Authority: The F.B.I.'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 F.B.I. for the purpose of comparing your fingerprints to other fingerprints in the F.B.I.'s Next Generation Identification (N.G.I.) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The F.B.I. may retain your fingerprints and associated information/biometrics in N.G.I. after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by N.G.I.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in N.G.I., 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 N.G.I. system and the F.B.I.'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.

FBI FINGER CARD:

IF, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes 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 F.B.I., Criminal Justice Information Services (CJIS) Division. ATTN: S.C.U., Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The F.B.I. will then forward the challenge to the agency which submitted the date requesting the 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 CHIS Division will make any changes necessary in accordance with the information supplied by that agency. **Ensure that the correct fingerprinting reason code and agency I.D. are used"

STATE BACKGROUND:

ANY CHALLENGES TO THE ACCURACY OF THE RESULTS SHOULD BE DIRECTED FIRST TO THE STATE IDENTIFICATION BUREAU (PHONE 501-618-8500), #1 STATE POLICE PLAZA DRIVE, LITTLE ROCK AR 72209.
PRIOR TO THE COMPLETION OF A STATE CRIMINAL HISTORY CHECK, THE ARKANSAS DEPARTMENT OF HEALTH MAY CHOOSE TO DENY AN APPLICANT CERTIFICATION AS AN EMERGENCY MEDICAL TECHNICIAN.

January 14, 2025