

Criminal Background Check Identity Verification Form Instructions

Criminal Background Check Identity Verification Form:

- Fill out all the required boxes on the fingerprint card using the information below prior to taking the fingerprints.
- Fill out all the required information on the Criminal Background Check Identity Verification Form prior to taking the fingerprints.
- Once fingerprinted, have the person that took your prints fill out the "Fingerprint Technician Information" portion of the Criminal Background Check Identity Verification Form and seal the fingerprint card and the Criminal Background Check Identity Verification Form in a signed envelope. You'll submit this sealed and signed envelope with your completed application to the Board of Pharmacy.

FBI Fingerprint Card:

- **You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.** You can contact the State Board of Pharmacy office to have one sent to you. Email your mailing address to asbp@arkansas.gov or call (501) 682-0190 to request a card.
- Have fingerprints done by someone **APPROPRIATELY TRAINED** to collect them. A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints.
 - Your local police or sheriff's department may be willing to accommodate you. There may or may not be a fee involved. The Arkansas State Police ID Bureau in Little Rock, on Geyer Springs Road at I-30, will do your fingerprints **WITHOUT** charge Monday through Friday from 8:30 a.m. to 4:30 p.m.
- **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**
- **DO NOT CONTACT the Arkansas State Police or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas State Board of Pharmacy.

Fields to be completed on the Fingerprint Card

(Type or print, black ink only - Fingerprints must be done in **BLACK** Ink.)

- Last name, First name, Middle name
- Signature of person fingerprinted – be sure to sign this field in front of the fingerprint technician
- Aliases (other names you have used, including nicknames, maiden names, other married names, etc.)
- Date of birth (MM/DD/YYYY)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Mexico)
- Sex: M= Male, F= Female
- Race: A=Asian; W=White; B=Black; I=American Indian, H=Hispanic, U=Unknown
- Height (foot' inches")
- Weight (in pounds)
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; BLK=Black; SDY=Sandy; 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 - **This block MUST read: Arkansas State Board of Pharmacy – ACA § 17-92-317**
- Social Security Number
- Leave all other spaces blank (i.e., OCA, FBI, 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 notation recommended for fingerprint submissions include: AMP=amputated; TI=tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.



Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201
 501-682-0190 Fax 501-682-0195
 www.pharmacyboard.arkansas.gov

Criminal Background Check Identity Verification Form

ATTENTION FINGERPRINT TECHNICIAN: Please follow the instructions below for fingerprinting this applicant.

1. Please ensure that the applicant has filled out all the information on the fingerprint card and the information below for "APPLICANT INFORMATION" 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. Please fill out the information in the boxes below for "FINGERPRINT TECHNICIAN INFORMATION". Please print clearly.
4. Once the prints have been taken, make sure the applicant signs the "Signature of Person Fingerprinted" field. 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.

FINGERPRINT REASON:		Authority: ACA § 17-92-317	Agency ID: AR 920450Z	
		Agency Name: ST BD OF PHARMACY, LITTLE ROCK, AR		
APPLICANT INFORMATION (Please fill out all the fields below <u>BEFORE</u> going to be fingerprinted):				
Full Name:				
	Last	First	Middle	Maiden / All Other Married Names
Social Security #:		Date of Birth:		State of Birth:
Sex:	Race:	Height:	Weight:	Eyes: Hair:
Driver's License #:		State of Issuance (of driver's license):		
Mailing Address:				
		Street Address	City	State Zip
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.				
Signature of Applicant				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 individual can contact Arkansas Crime Information Center (ACIC) at (501) 682-7444 or Arkansas State Police at (501) 618-8000. 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 date 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.

FINGERPRINT TECHNICIAN INFORMATION:	
Date Fingerprints were Taken:	
Type of Photo ID provided: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other:	
Fingerprint Technician's Agency/Company Name:	
Printed Name of Fingerprint Technician	Signature of Fingerprint Technician

FOR ASBP OFFICE USE ONLY:

Envelope? Y N Sealed? Y N Signed? Y N Completed? Y N Initials & Date:

CBC Identity Verification Form & Instructions – July 2016