

# ARKANSAS STATE BOARD OF NURSING

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## FBI and ARKANSAS CRIMINAL BACKGROUND CHECKS INSTRUCTIONS

Use these instructions if you are submitting an application via the Arkansas State Board of Nursing (ASBN) online application system (Arkansas nursing education program graduate, out-of-state graduate, rewrite applicant, advanced practice applicant or applicant endorsing into Arkansas). These instructions are also for an internationally educated applicant who is submitting an Examination Application for International Graduates form to ASBN or if you have been instructed to request a fingerprint card for completion of Criminal Background Checks. **IF YOU ARE ENROLLED IN AN ARKANSAS NURSING EDUCATIONAL PROGRAM YOU MUST RECEIVE YOUR FINGERPRINT CARD FROM YOUR NURSING EDUCATION PROGRAM.**

### GENERAL INFORMATION

Arkansas law requires applicants for licensure to submit to criminal background checks. If an applicant has pleaded guilty or nolo contendere to or found guilty of any offense listed in ACA § 17-87-312, he/she is not eligible for Arkansas licensure. (ACA § 17-87-312 provides the applicant an opportunity to request a waiver of eligibility criteria related to a criminal background in certain circumstances.

Conduction of the state and federal criminal background checks are at the applicant's expense (cost - \$35.00) and are paid for within the online system. A state and federal criminal background check is required if they are not already on file with Arkansas State Board of Nursing within the last 12 months of application. Background checks from other agencies are not accepted. *Applicants submitting the licensure application via the online application system pay fees associated with conduction of the state and federal criminal background checks within the online application process.*

**FEES ARE NONREFUNDABLE.**

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

### FEDERAL BACKGROUND CHECK - FBI FINGERPRINT CARD (*You **MUST** use the card provided by the ASBN*)

1. The Federal Criminal Background Check requires completion of a fingerprint card and submission of the card to the **Arkansas State Police**.
2. Obtain the fingerprint card:
  - Licensure Examination (NCLEX®) applicants that are new graduates from an Arkansas nursing education program obtain the fingerprint card from the nursing education program.
  - Note: Other licensure applicants (endorsement, etc.) will request that a fingerprint card is mailed to them; access to request the fingerprint card is located within the online application system and the fingerprint card is mailed to you upon submission of your application.
  - Individuals that ARE NOT submitting an application must request conduction of criminal background checks (CBC) and a fingerprint card; access to request CBC and fingerprint card is located on our website at [www.arsbn.org](http://www.arsbn.org) Choose the Forms tab and it is located under Other Online Services.
3. Licensure applicants should NOT submit the Fingerprint card to the Arkansas State Police before completion of the online application. There is a specific Search ID number that is made available to an applicant on the Payment Summary.
4. IMPORTANT: 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 Police. 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".
5. Complete the fingerprint card accurately and follow instructions identified herein. An incomplete card will delay processing.
6. Follow the instructions for mailing the fingerprint card to the **Arkansas State Police** that appear within the online system, in the automatic notification email received after submission and herein.

### Instructions for completing the fingerprint card

Have fingerprints done by properly trained personnel. Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). Your local police or sheriff's department may be willing to accommodate you. There may be a fee involved. The Arkansas State Police ID Bureau in Little Rock on Geyer Springs Road at I-30 will collect your fingerprints without charge Monday - Friday, 8:00 a.m. - 4:30 p.m.

Common errors that will delay the processing of your FBI criminal background check are incomplete FBI fingerprint card and poor quality of fingerprints.

**DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**

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### The fingerprint card should be mailed to:

Arkansas State Police  
Criminal Background Check  
1 State Police Plaza Drive  
Little Rock, AR 72209

### You MUST complete the following boxes on the card (type or print, black ink only)

- Last name, first name, middle name (the name on your card MUST be your legal name)
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
- ORI (this block 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 - write in: AR State Board of Nursing - ACA §17-87-312
- Social Security number (you must have a social security number - do not leave this blank)
- 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 POLICE CRIMINAL BACKGROUND CHECK

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

### APPLICANT 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.

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>

# FBI and ARKANSAS CRIMINAL BACKGROUND CHECKS INSTRUCTIONS



## Example of Completed Fingerprint Card

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

**IMPORTANT: 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 Police. 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 IF you paid for the criminal background check process within the online system.

Nursing education program directors will furnish the fingerprint card to recent graduates.

If you are not a recent **graduate**, **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 from within the online application system.

## 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.*

<b>I. Fingerprint reason</b>			
1. Requestor/Agency ID	2. Agency Name		
<b>II. Application Information:</b> 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	
<b>III. Technician Information:</b> 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			

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 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.

## 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 notification<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup>

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.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> 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).