



## Background Check Packet

State Law requires all individuals applying for or restoring a license with the State Medical Board of Ohio to submit fingerprints for a criminal record check completed by both the Ohio Bureau of Criminal Investigation (BCI) and the Federal Bureau of Investigation (FBI).

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

### Ohio Fingerprint Services

*Approximate Processing Time: 2 Weeks*

The State Medical Board of Ohio recommends electronic prints when possible. If you can physically be in Ohio, you can submit electronic prints. An approved Ohio WebCheck facility can be located at [www.ohioattorneygeneral.gov/backgroundcheck](http://www.ohioattorneygeneral.gov/backgroundcheck). For fingerprint services in Ohio:

1. [Find a WebCheck facility](#) near you
2. Call the facility to schedule an appointment and verify requirements for fingerprinting at that location. Generally, you will need:
  - a. A valid, government-issued photo ID
  - b. Form of payment
  - c. Reason for fingerprinting (see page 3 for appropriate ORC#)
3. Have the facility send results directly to the State Medical Board of Ohio, located at 30 East Broad Street, 3rd Floor, Columbus, OH 43215.

### Out-of-state Fingerprint Services

*Approximate Processing Time: 2-8 Weeks*

If it is not possible to appear in-person for electronic finger printing through WebCheck in Ohio, please complete the steps in this section. While there are many vendors that can process background checks, the board recommends using FastFingerprints as its processing times are usually twice as fast as other companies. FastFingerprints can electronically submit the fingerprint cards to BCI. For fingerprint services outside of Ohio:

1. Locate an ink fingerprinting location near you. [Click here for the directory by state](#). Ink printing can be completed by local law enforcement or any other local ink printing service
2. Call the facility to schedule an appointment and verify requirements for fingerprinting at that location. Generally, you will need:
  - a. A valid, government-issued photo ID
  - b. Form of payment
  - c. Reason for fingerprinting (see page 3 for appropriate ORC#)
3. Print and prepare the paperwork needed for the appointment, including:
  - a. Two (2) [FBI fingerprint cards](#) (click for link or see pages 4 and 5 of this packet)
  - b. [FastFingerprints form for Ohio](#) (click for link or see page 6 of this packet)
    - Use of standard paper for FBI cards is acceptable.



- 4. Complete the top portion of the FBI fingerprint cards and take them with you to the inking appointment. Please note, some locations will have cards of their own and may want you to use theirs. An example provided below.

**APPLICANT** LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK INK

LAST NAME FIRST NAME MIDDLE NAME

APPLICANT'S SIGNATURE

RESIDENCE OF PERSON FINGERPRINTED

ADDRESS

DATE

ROLLER'S SIGNATURE

STATE MEDICAL BOARD OF OHIO  
30 E. BROAD ST., 3RD FLR.  
COLUMBUS, OH 43215-6127

4731.081

OHBC0000  
STATE BUREAU  
LONDON, OH

1A8002

4731.081

- 5. Following the appointment
  - a. Complete the FastFingerprints form for Ohio. An example provided below.

**fastfingerprints**

FINGERPRINT CARD  
SCANNING PROCEDURE

NBCI: 877-932-2435 (questions regarding procedure)  
BCIAI: 877-224-0043 (questions regarding results)

National Background Check, Inc. can scan and digitize BCI and/or FBI fingerprints and transmit the data and fingerprints electronically to the Ohio State Bureau of Investigation (BCIAI). Cards are processed and scanned.

You must submit this form with each mail submission.

To take advantage of the NBCI Fingerprint Card Scanning Procedure:

1. Continue getting your individual fingerprint cards.
2. Complete all necessary fields on the back of the card.
3. Indicate number of cards to be scanned on the back of the card.

• Total combined BCI/FBI submission: 1 X \$70.00 = \$70.00

5. Complete the below submission information (person sending the cards)

Submitters Name: **APPLICANT'S FULL NAME** Submitters phone number: **APPLICANT'S PHONE #**  
Submitters e-mail Address: **APPLICANT'S EMAIL ADDRESS**

6. Results will be delivered by U.S. mail from BCIAI to:  
Company: **STATE MEDICAL BOARD OF OHIO**  
Attention: **30 E. BROAD ST., 3RD FLR.  
COLUMBUS, OH 43215-6127**

7. Please select the Ohio legislative reason for fingerprinting:  
 Responsible for care, custody, control of children  
 Required for licensing/permit: **ORC 4731.081**  
 Responsible for direct care of elderly  
Other: \_\_\_\_\_

8. Mail the fingerprint card(s) and this procedure form to:  
NATIONAL BACKGROUND CHECK, INC.  
ATTN: FINGERPRINT CARD SCANNING DIVISION  
1486 BUSTEL RD.  
COLUMBUS, OH 43220

**PLEASE SELECT ONE OF THE BELOW OPTIONS FOR PAYMENT:**

CHECK: Made payable to NBCI or National Background Check, Inc.  
 DIRECT BILL: (Direct Bill requires Company Name) (for those sending up to 50 cards per year - account number required)  
 CREDIT CARD (VISA, MasterCard, American Express)  
Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name as it appears on card: \_\_\_\_\_ CVV Code/Security Code: \_\_\_\_\_  
I authorize National Background Check, Inc. to charge the above credit card for fingerprint card processing.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



- Indicate that you are sending one total combined BCI/FBI submission. Total processing fee is \$70.00.
- Results should be delivered by US Mail from BCI to: State Medical Board of Ohio, 30 East Broad Street, Columbus, OH 43215
- The reason for fingerprinting:
  - *Physicians (MD, DO and DPM) "Required for licensure per ORC 4731.08"*
  - *Physician Assistants (PA) "Required for licensure per ORC 4730.101"*
  - *Massage Therapists (LMT) "Required for licensure per ORC 4731.171"*
  - *Cosmetic Therapists (CT) "Required for licensure per ORC 4731.171"*
  - *Anesthesiologist Assistants (AA) "Required for licensure per ORC 4760.032"*
  - *Acupuncturists (AC) "Required for licensure per ORC 4762.031"*
  - *Oriental Medicine (OM) "Required for licensure per ORC 4762.031"*
  - *Radiologist Assistants (RA) "Required for licensure per ORC 4774.031"*
  - *Genetic Counselors (GC) "Required for licensure per ORC 4778.04"*
  - *Respiratory Care (RCP) "Required for licensure per ORC 4761.051"*
  - *Dietetics (LD) "Required for licensure per ORC 4759.061"*
- Place the two fingerprint cards, the FastFingerprints form for Ohio, and your payment in an envelope. Do not fold the items and be sure to use an envelope that guarantees the fingerprint cards do not bend.
- Use the mailing label on page 7 and send to:  
National Background Check, Inc.  
ATTN: FINGERPRINT CARD SCANNING DIVISION  
1486 Bethel Road  
Columbus, OH 43220

### **Fingerprint Capture Option for Out-of-State Applicants**

Some FastFingerprints locations offer a Fingerprint Capture option. This service enables applicants that are able to visit one of the locations to have their fingerprints taken there instead of sending in fingerprint cards. Once they have had their fingerprints taken at a location applicants will need to fax or email the "General Registration Form" (see page 8) to FastFingerprints. FastFingerprints will retrieve the fingerprints and submit them to BCI for processing. Please contact FastFingerprints for further information regarding this option and locations.

### **Other Resources in this Packet:**

- Page 4: FBI Fingerprint cards
- Page 6: FastFingerprints form for Ohio
- Page 7: Mailing label (postage not included)
- Page 8: Fingerprint Capture General Registration Form

If you need further assistance, please email [med.license@med.ohio.gov](mailto:med.license@med.ohio.gov).

# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS \_\_\_\_\_

ARMED FORCES NO. MNU

REF. \_\_\_\_\_

REASON FINGERPRINTED

Required for licensure per ORC

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

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

# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS \_\_\_\_\_

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF. \_\_\_\_\_

Required for licensure per ORC

MISCELLANEOUS NO. MNU

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



# FINGERPRINT CARD SCANNING PROCEDURE

NBCI: 877-932-2435 (questions regarding procedure)  
BCI&I: 877-224-0043 (questions regarding results)

National Background Check, Inc. can scan and digitize BCI and/or FBI fingerprint cards for Ohio legislative reasons and transmit the data and fingerprints electronically to the Ohio Bureau of Criminal Identification & Investigation (BCI&I). Cards are processed and transmitted within 24 hours of receipt.

**You must submit this form with each mailing to ensure accuracy of the response**

To take advantage of the NBCI Fingerprint Card Scanning service, please follow the below procedure:

1. **Continue getting your ink-rolled or livescan rolled fingerprints onto the fingerprint card(s).**
2. **Complete all necessary fields on the fingerprint card and make sure the applicant signs the card.**
3. **Indicate number of card(s) in each section and name(s) on card(s).** *Note: A civilian (BCI) fingerprint card can only be used for Ohio BCI transactions. A FBI fingerprint card can be used for either a BCI or FBI transaction. If you are submitting a combined BCI/FBI for one person, two fingerprint cards are required (one BCI card and one FBI card or two FBI cards).*
4. **Include payment** (see bottom of page for payment options).

• **Total BCI Cards** \_\_\_\_\_ **X \$40.00 =** \_\_\_\_\_

Name(s): 1) \_\_\_\_\_ 4) \_\_\_\_\_  
 2) \_\_\_\_\_ 5) \_\_\_\_\_  
 3) \_\_\_\_\_ 6) \_\_\_\_\_

• **Total FBI Cards** \_\_\_\_\_ **X \$50.00 =** \_\_\_\_\_

Name(s): 1) \_\_\_\_\_ 4) \_\_\_\_\_  
 2) \_\_\_\_\_ 5) \_\_\_\_\_  
 3) \_\_\_\_\_ 6) \_\_\_\_\_

(If more space is needed, please list additional names on the back of this form)

• **Total combined BCI/FBI submissions** 1 **X \$70.00 =** \$70.00

Name(s): 1) \_\_\_\_\_ 4) \_\_\_\_\_  
 2) \_\_\_\_\_ 5) \_\_\_\_\_  
 3) \_\_\_\_\_ 6) \_\_\_\_\_

5. **Complete the below submission information** (person sending the card)  
 Submitters Name \_\_\_\_\_ Submitters phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Submitters e-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

6. **Results will be delivered by U.S. mail from BCI&I to:**  
 Company:  
 Attention: State Medical Board of Ohio  
 30 East Broad Street, 3rd Floor, Columbus, OH 43215

7. **Please select the Ohio legislative reason for fingerprinting:**  
 Responsible for care, custody, control of children  Required for licensing/permit:ORC  
 Responsible for direct care of elderly  Other: \_\_\_\_\_

8. **Mail the fingerprint card(s) and this procedure form to:**

NATIONAL BACKGROUND CHECK, INC.  
 ATTN: FINGERPRINT CARD SCANNING DIVISION  
 1486 BETHEL RD.  
 COLUMBUS, OH 43220

PLEASE SELECT ONE OF THE BELOW OPTIONS FOR PAYMENT:

- CHECK: Made payable to **NBCI or National Background Check, Inc.**
- DIRECT BILL: \_\_\_\_\_ (for those sending us 50+ cards per year - account setup required)  
 (Direct Bill Account Company Name)
- CREDIT CARD: (VISA, MasterCard, American Express)

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_ CVV Code/Security Code \_\_\_\_\_  
 I authorize National Background Check, Inc. to charge the above credit card for fingerprint card processing.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FROM:

TO: NATIONAL BACKGROUND CHECK, INC.

ATTN: FINGERPRINT CARD SCANNING DIVISION

1486 BETHEL ROAD

COLUMBUS, OH 43220

RE: STATE MEDICAL BOARD OF OHIO

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GENERAL REGISTRATION FORM

COPY BACKGROUND CHECK

FAX COMPLETED FORM TO: 614-635-2879 OR

EMAIL TO: CONTACTUS@FASTFINGERPRINTS.COM

This registration form completed and signed is the official document of the transaction. All information collected and received during the process of fingerprinting and dissemination of background check results is kept confidential and meant for National Background Check, Inc. (NBCI) use only. This form MUST be submitted to us in order to copy your fingerprints.

1) MAIL RESULTS TO (please select one):

APPLICANT OR COMPANY/AGENCY

2) HAVE YOU LIVED IN OHIO FOR THE PAST FIVE (5) CONSECUTIVE YEARS? YES NO

(Note: If you have not, and will be working with children &/or elderly, it is required by Ohio law to obtain both BCI and FBI. However, the company/agency requesting the background check may request to do a FBI background check, if they so choose, even if you have lived in Ohio for the past (5) five years)

3) WHAT IS THE REASON FOR THE BACKGROUND CHECK (customer is required to provide this information):

- ADOPTION/FOSTER CARE DAYCARE TEACHING ADULT DAY CARE/NURSING HOME HOME HEALTHCARE DODD HOSPICE NURSING OTHER

\*If a specific Ohio Revised Code (ORC) is required, please provide it: or Industry/Job

If required, please circle one (1) for a direct electronic copy to be sent from BCI to the agency below:

Table with 4 columns listing Ohio departments: OH Dept Ed (ODE), OH Board of Nursing, Pharmacy Board, Respiratory Care Board, ODJFS-Type A Child Care Ctr, OH Medical Board, Dietetic Board, Social Work Board, Construction Board, \*Lottery Commission, \*OH Dept of Liquor Control, \*OH Dept. of Public Safety (PISG), Orthotics/Prosthetics/Pedorthics Board, OT/PT& Athletic Trainers Board, \*OH Dept. of Insurance (ODI), \*OH Racing Commission, \*BMV Deputy Registrar, \*BMV Dealer Licensing

(Per BCI, if you select a Direct Copy option with a \* your results cannot be sent to a second location)

REQUESTED BACKGROUND CHECK

Please INITIAL next to which type of background check you are being fingerprinted for:

BCI Only \$40.00 (INITIALS)

FBI Only \$50.00 (INITIALS)

1 BCI&FBI \$70.00 (INITIALS)

PAYMENT METHOD:

CHECK #: (IF PAYING BY CHECK ~ MAIL THIS FORM AND CHECK PAYMENT TO): NBCI 1486 BETHEL ROAD COLUMBUS, OHIO 43220 CREDIT CARD (IF PAYING BY CREDIT CARD ~ FAX OR EMAIL THIS FORM IF YOU ARE NOT COMFORTABLE PROVIDING THIS PAYMENT INFO. VIA FAX/EMAIL, PLEASE CONTACT NBCI CORPORATE TO PAY OVER THE PHONE AT (614) 457-8900 OR (877) 932-2435 AND A REPRESENTATIVE CAN ASSIST YOU. (VISA, MC, AMEX): CREDIT CARD #: EXP. DATE: CVV CODE: NAME AS IT APPEARS ON CARD: AUTHORIZED SIGNATURE: I AUTHORIZE NBCI TO CHARGE MY CREDIT CARD TO PAY FOR THE ABOVE BACKGROUND CHECK.

(Print clearly; illegible writing will delay delivery)

6) APPLICANT INFORMATION:

Name: SS Number: Address: Date of Birth: City, State, Zip: Email: Daytime Phone Number: How did you hear about us?

7) COMPANY/AGENCY INFORMATION:

Company/Agency Name: Address: City, State, Zip: Attn: Phone:

RELEASE OF BACKGROUND CHECK RESULTS

I hereby certify that I have given National Background Check, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I), the Federal Bureau of Investigation (FBI) (if requested), and release that information to the company/agency /individual indicated above. By placing my fingerprint images on the WEBCHECK Scanner, I am authorizing BCI&I to release criminal history information about me to National Background Check, Inc. and the company/agency /individual indicated above. I hereby release BCI&I and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I understand National Background Check, Inc. cannot guarantee that my fingerprint images will be deemed readable by BCI&I, in which case I may need to be re-fingerprinted. I understand this does NOT constitute a refund due to charges incurred by BCI&I immediately after the data is transmitted. National Background Check, Inc. will assist me with the process to complete this background check if I am rejected a second time.

I understand that using the WEBCHECK System returns a "no hit" (those containing no criminal history) result within (10) business days or sooner or a "mailed" result (those that contain a criminal arrest history) could take up to (30) thirty business days before being forwarded to the requested destination.

Applicant Signature: Date:

FOR OFFICE USE ONLY:

Date Received: Processed By: Date Processed: