



## 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 Revised Code (ORC) Reasons for Fingerprinting**

<u>License Type</u>	<u>ORC #</u>
Physician	4731.08
Podiatrist	4731.08
Physician Assistant	4730.101
Massage Therapist	4731.171
Cosmetic Therapist	4731.171
Anesthesiologist Assistant	4760.032
Radiologist Assistant	4774.031
Genetic Counselor	4778.04
Respiratory Care Professional	4761.051
Respiratory Care Limited Permit	4761.051
Licensed Dietitian	4759.061
Dietetics Limited Permit	4759.061
Acupuncturist	4762.031
Oriental Medicine Practitioner	4762.031

## **Fingerprinting Instructions**

There are two options for completing the background checks:

### **OPTION 1 – Ohio Fingerprint Services** (*Approximate Processing Time: 2 Weeks*)

The State Medical Board of Ohio recommends electronic prints when possible. If you are located in Ohio or can make yourself present in Ohio, you must submit electronic prints via the national Webcheck Program. An approved Ohio WebCheck facility can be located at <https://www.ohioattorneygeneral.gov/backgroundcheck>. Once you have located a Webcheck facility near you:

1. Call the facility to schedule an appointment and verify requirements for fingerprinting at that location. Generally, you will need:
  - A valid, government-issued photo ID
  - Form of payment
  - Reason for fingerprinting. **You must provide the correct ORC #** (see above for appropriate ORC # for the license being applied for).
2. Have the Webcheck facility select “direct copy” from the dropdown box for the State Medical Board of Ohio, located at 30 East Broad Street, 3rd Floor, Columbus, OH 43215.

### **OPTION 2 – Out-of-State Fingerprint Services** (*Approximate Processing Time: 4 Weeks*)

If it is not possible to appear in Ohio for electronic fingerprinting through WebCheck, you will need to print two of each fingerprinting cards below and complete the fingerprinting as follows:

1. Contact an entity that can perform ink fingerprinting and verify requirements for fingerprinting at that location. Ink fingerprinting can be completed by most local law enforcement agencies. Generally, you will need:
  - A valid, government-issued photo ID
  - Form of payment
  - Reason for fingerprinting. **You must provide the correct ORC #** (see above for appropriate ORC # for the license being applied for).
2. Complete the ink fingerprinting of four cards at the identified location
  - a. Verify that the top left-hand corner indicates APPLICANT on two cards and BCI on the other two cards. Some locations may require you to use fingerprinting cards of their own. You may strike through APPLICANT on two of the cards and remark them BCI.
  - b. Complete the top portion(s) of the fingerprinting cards (see the fingerprint example provided below). **You must provide the correct ORC #** (see above for appropriate ORC # for the license being applied for).

3. Mail two fingerprinted cards (one APPLICANT and one BCI card) with payment for processing.
  - a. Obtain a money order, personal check, or business check for payment (cash is not accepted as payment) in the amount of \$47.25. This fee covers both the BCI and FBI background check.
  - b. Make the check or money order payable to *Treasurer, State of Ohio*
  - c. Place two fingerprinted cards (one APPLICANT and one BCI card) in an envelope with the payment and mail them to:

**Ohio Bureau of Criminal Investigation (BCI)**  
**PO Box 365**  
**London, Ohio 43140**

- d. Retain the other two fingerprinted cards in case the prints are rejected. If the fingerprints are rejected, you must resubmit a second set of prints. Mail the two retained cards with the rejection notification. There should not be an additional charge for the additional processing so long as the rejection notice is provided with the second submission.

**FBI Card Example**

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN THESE SPACES		FBI		LEAVE BLANK	
APPLICANT'S SIGNATURE		LAST NAME		FIRST NAME		MIDDLE NAME			
ADDRESS		ALIAS if applicable		OHIOXXXXX STATE BUREAU LONDON, OH					
DATE	ROLLER'S SIGNATURE	PHONE NO.	1-800-000-0000	SEX	M	HAIR	B	EYES	B
STATE MEDICAL BOARD OF OHIO 30 E. BROAD ST., 3RD FLR. COLUMBUS, OH 43215-0127		FEI	N/A	DOB		HT		WT	
4731.081		SOCHI							

EXAMPLE

**BCI**

\* 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  
IOHBCJ0000  
STATE BUREAU  
LONDON, OH

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 \_\_\_\_\_

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

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

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

# 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

OR  
I

OHBCI0000  
STATE BUREAU  
LONDON, OH

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  
1AB002

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS \_\_\_\_\_

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

ARMED FORCES NO. MNU

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

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

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

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY