



August 2015
CHRC REQUIRED FOR
RENEWING LICENSE/CERTIFICATE

*****IF YOU ARE AN OUT OF STATE RENEWAL PLEASE CALL AND REQUEST A RENEWAL PACKET, YOU CAN NOT USE THIS FORM*****

THESE ARE INSTRUCTIONS FOR COMPLETING THE STATE & FBI FINGERPRINTS TO OBTAIN YOUR CRIMINAL HISTORY CHECK (CHRC).

PLEASE READ ALL INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THE INSTRUCTIONS WILL LEAD TO DELAY OF CERTIFICATION OR LICENSURE RENEWAL. IT IS THE APPLICANT'S RESPONSIBILITY TO ASSURE THAT THE CORRECT INFORMATION IS RECEIVED.

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY RECORD CHECK (CHRC)

- If you are currently due to renew your license or certificate, you will need to complete a criminal history check.
- Type or print all information in black ink. Do not sign the form until you are directed to do so by the person obtaining the prints.
- Your license or certificate will not be updated or renewed until you have submitted to MBON a receipt of having started the criminal history records check.
- If you are currently in a Non-Renewed status for over a year, you will need to complete a criminal history check.

VERIFICATION THAT ELECTRONIC FINGERPRINTS WERE TAKEN:

ALL electronic receipt(s) must have the:

- Applicant's name; and
- Date and transaction/reference number
- Signature of the person taking the fingerprints.
- License/certificate holder number.

If in doubt, check the FAQs on the Board's website under criminal history record checks.

For CJIS Customer Service Desk call 410-764-4501 or 1-888-795-0011; 8a to 5p Monday - Friday.

INSTRUCTIONS FOR COMPLETING THE ELECTRONIC FINGERPRINT

- 1. Please see attached paper insert (last page) referencing the electronic fingerprints. When you get your fingerprints done, you will receive a printed receipt with your name, date of print, transaction/reference number and signature of person taking print.**
- 2. Submit the printed receipt, with your certificate/license number on it to MBON, via fax, to Attn: Rowena McCoy, fax # 410-358-3530, and complete your online renewal application.**
- 3. Be sure to take a copy of the last page of this document and at least one of the following proper forms of identification with you.**

Documents must be current.

- Maryland driver's license
- Another state or country driver's license
- Passport
- Certificate of U.S. citizenship
- Alien registration card
- Identification card issued by a state or local governmental agency, the District of Columbia, a United States territory, or a foreign government.

4. If you have any questions:

- Consult MBON's website for the updated status of your certificate/ license, or
- Consult MBON's website for CHRC process questions- located under Criminal History Records Checks link
- If you have questions about the CHRC results, you may contact the following Administrative Specialist via **email** (for fastest reply).

If your last name begins with:

- **A-G** contact Kevin Turner Kturner@maryland.gov
- **H-M** contact Jeff Odin Jeff.Odin@maryland.gov
- **N-Z** contact Tomika Taylor Tomika.taylor@maryland.gov
 - i. Leave your full name,
 - ii. Contact information,
 - iii. Telephone number,
 - iv. SSN,
 - v. License/certificate number,
 - vi. Tracking number



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)	
Height: ft. inches		Weight: lbs.		Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)					
Place of Birth:			Citizenship:		
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 0900006155	
ORI # (if required): MD920499Z	Reason fingerprinted? State & FBI - Nurse renewal
Position Applied for: MD Ann Code Health Occ §§8-303, 8-312	
Request Type: (Choose one ONLY)	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:	_____
Address:	_____
City, State, Zip code:	_____