

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:

- **Fingerprint cards are required for out-of-state applicants.** In-state applicants must use the In-State CBC Form to have their fingerprints electronically harvested. Effective July 28, 2021, in accordance with Act 630, background checks from individuals in Arkansas must be submitted electronically (live scan). Paper fingerprint cards will no longer be accepted and will be returned to the applicant and an electronic submission will be required before the application on file with the Board can continue to be processed. The State of Arkansas is not currently set up to receive electronic fingerprint submissions from out-of-state locations.
- **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. Contact your city's police station or the county sheriff's office to see if they can fingerprint you. There are also independent live scan operators that may be able to fingerprint you, however, make sure they can print your fingerprints on the FBI fingerprint card provided by the Board.
- **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**

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 – sign this field in front of the fingerprint technician after they've verified your identity**
- 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)
- Social Security Number
- Leave all other spaces blank (i.e., Reason Fingerprinted, 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

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



Criminal Background Check Identity Verification Form

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 BEFORE 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	

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 and that you have signed the "Signature of Official Taking Fingerprints" 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 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
** Ensure that the correct fingerprinting reason code and agency ID are used.	

FOR ASBP OFFICE USE ONLY:

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

OOS CBC Identity Verification Form & Instructions – July 2021

Privacy Act Statement

Privacy Act of 1974, 5 USC § 552a

This privacy act statement is also located on the back of the FD-258 fingerprint card.

- **Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
- **Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
- **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Procedure to obtain change, correction, or updating of identification records

28 CFR § 16.30 through 16.34

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](#)

ATTN: SCU, Mod. D2
1000 Custer Hollow Road
Clarksburg, WV 26306

The FBI will then forward the challenge to the agency which submitted the data 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.