

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

[www.lsbn.state.la.us](http://www.lsbn.state.la.us)

## FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

- 1) **Authorization Forms:** Complete, sign and date **both** of the following CBC authorization forms and submit to LSBN together with the appropriate licensure application (if applicable), fees, and two (2) fingerprint FBI cards:

\* **CBC1a:** [Authorization for Criminal Background Check – Page I](#)

\* **CBC1b:** [Authorization for Criminal Background Check – Page II](#)

**\*Students submit completed cards to the office of your program head.**

**Fingerprinting:** Contact your campus security (if you are a student) or state or local police/sheriff's office to inquire about their procedures, fees and locations for fingerprinting services. You must be fingerprinted by a law enforcement official onto **two (2)** official Federal Bureau of Investigation (FBI) fingerprint cards. **If** your local law enforcement office does not have blank FBI cards, print paper cards to bring to the law enforcement office for fingerprinting at <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>. If providing the CBC fingerprints cards & authorization sheets to apply for initial licensure (including out of state exam applicants) or reinstatement in Louisiana, they **must** accompany a copy of your receipt after applying for licensure online through the Nurse Portal: <https://lsbn.boardsofnursing.org/>.

- Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the law enforcement agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1<sup>st</sup>) FBI card, then scan your hands again to print your fingerprints on the second (2<sup>nd</sup>) FBI card.
- The following suggestions may improve the quality of your fingerprints to ensure LSBN receives the results of your CBC promptly:
  - Hands must be clean and dry. Wash your hands vigorously with warm water and dry thoroughly immediately prior to being fingerprinted.
  - If hands are very dry or cracked, wash hands and apply a touch of moisturizer onto fingertips, removing any excess lotion with paper towel prior to being fingerprinted. This may help raise the ridges for printing.
- L.A.C.46:XLVII.3330 J-K states:
  - *If the fingerprints are returned from the Department of Public Safety as inadequate or unreadable, the applicant, or licensee must submit a second set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.*
  - *If the applicant or licensee fails to submit necessary information, fees, and/ or fingerprints, the applicant or licensee may be denied licensure on the basis of an incomplete application or, if licensed, denied renewal, until such time as the applicant or licensee submits the applicable documents and fee.*
- View both FBI cards *before* you leave the facility where you're being fingerprinted. If any of the fingerprints are outside the boxes, appear too light, too dark, or obviously smudged - have the technician prepare an extra set of cards and submit **both sets** (all four cards) along with your application. **Protect both FBI cards from smudges. Do not fold or staple. Do not submit 2 copies of the same prints.**
- **All fingerprint cards must be signed by the nurse with all sections filled out completely with the exception of the "employer and address" section.**
- Individuals who are *already licensed Registered Nurses* may opt to have their fingerprints scanned in person at the LSBN office ('LiveScan') by board staff instead of submitting paper FBI cards. 'LiveScan' fingerprinting must be completed before 3:00 pm central standard time (CST). The LSBN office opens at 8:30 am (CST), but closed for all state and federal holidays. Please try to arrive at the LSBN office by midday to allow sufficient time for processing if using the 'LiveScan' CBC option. The nurse must be able to submit their application (already completed & notarized) and fee(s) to LSBN staff when he/she arrives for 'LiveScan' fingerprinting.

- 2) **Fees due LSBN for CBC:**

- \$38.00 – Paid electronically with submission of your application through the Nurse Portal; and an additional \$10.00 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the 'LiveScan' equipment. (Available to **Licensed Registered Nurses only**).

***The additional fee for LiveScan must be paid by Money Order or Bank Cashier's Check, payable to LSBN***

**NOTE:** If you are submitting to a CBC because you are applying for licensure or permission to enroll in clinical nursing courses, please read the **application instructions** carefully regarding payment of fees. Some application instructions will provide a 'total fee' to submit along with the application which may include the CBC fee noted above.

(Criminal history records check is authorized under the Nurse Practice Act, **Louisiana Revised Statutes 37:920.1**)

# Authorization for Criminal Background Check (CBC) – Page I

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***  
**\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\***

**Fees for CBC (money order or bank cashier's check required, payable to LSBN):**

- \$38.00 – Payable to Louisiana State Board of Nursing (LSBN) if paper FBI fingerprint cards are submitted
- **OR** -
- \$48.00 – Payable to Louisiana State Board of Nursing (LSBN) if coming in person to the LSBN office to have your hands scanned using the LiveScan equipment. (Licensed Registered Nurses only).

**\*\* Refer to your Application Instructions to see if the above CBC cost if already incorporated in the application fee total\*\***

**\*\*\*\*PLEASE PRINT (except 'Signature) – USE BLUE OR BLACK INK WHEN FILLING OUT THIS FORM \*\*\*\***

**Louisiana State Board of Nursing**

FACILITY OR AGENCY

**Patricia A. Dufrene, Ph.D., RN**

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**Cynthia York, DNP, CGRN**

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**17373 Perkins Road**

MAILING ADDRESS

SIGNATURE OF LSBN AUTHORIZED REPRESENTATIVE

**Baton Rouge, LA**

CITY STATE

**70810**

ZIP CODE

**(225) 755-7500**

FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION</li><li><input type="checkbox"/> ALCOHOL BEVERAGE OUTLET</li><li><input type="checkbox"/> CASA</li><li><input type="checkbox"/> CONCEALED HANDGUNS</li><li><input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE</li><li><input type="checkbox"/> DAYCARE</li><li><input type="checkbox"/> DENTISTRY BOARD</li><li><input type="checkbox"/> DEPARTMENT OF LABOR</li><li><input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY</li><li><input type="checkbox"/> EMPLOYERS</li><li><input type="checkbox"/> FIREFIGHTERS</li><li><input type="checkbox"/> GAMING</li><li><input type="checkbox"/> HEALTH CARE PROVIDER</li><li><input type="checkbox"/> IMMIGRATION</li><li><input type="checkbox"/> JUVENILE DETENTION CENTER</li><li><input type="checkbox"/> DEPARTMENT OF INSURANCE</li><li><input type="checkbox"/> MANUFACTURED HOUSING</li><li><input type="checkbox"/> MEDICAL EXAMINERS</li><li><input type="checkbox"/> OCS FOSTER/ADOPTIVE</li><li><input type="checkbox"/> OCS PERSONNEL</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS</li><li><input type="checkbox"/> OFFICE OF PUBLIC HEALTH</li><li><input type="checkbox"/> PHARMACY BOARD</li><li><input type="checkbox"/> POSTSECONDARY EDUCATION</li><li><input type="checkbox"/> PRACTICAL NURSING</li><li><input type="checkbox"/> PRIVATE ADOPTION</li><li><input type="checkbox"/> PRIVATE INVESTIGATORS</li><li><input type="checkbox"/> PRIVATE SECURITY</li><li><input type="checkbox"/> PUBLIC HOUSING</li><li><input type="checkbox"/> PUBLIC TAG AGENT</li><li><input checked="" type="checkbox"/> REGISTERED NURSING</li><li><input type="checkbox"/> RELIGIOUS ACTIVISTS</li><li><input type="checkbox"/> RIVERBOAT PILOTS</li><li><input type="checkbox"/> SCHOOL</li><li><input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS</li><li><input type="checkbox"/> TAXI DRIVERS</li><li><input type="checkbox"/> USED MOTOR VEHICLE COMMISSION</li><li><input type="checkbox"/> VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS</li></ul> |
|---|--|

**\*\* Please print all but Signature \*\***

APPLICANTS NAME: \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME (if different)  
{Provide any and all 'other' Last Names held which are not listed above in the bottom margin of this page}

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_ - \_\_\_ - \_\_\_ DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, FBI and/or international files (if applicable ) which may confirm or deny my eligibility with the facility or agency named above.

# Authorization for Criminal Background Check (CBC) – Page II

**APPLICANT PROCESSING-DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION  
P.O. BOX 66613 (MAIL SLIP A-6)**

LSPAPPR/R8.03

**LOUISIANA STATE BOARD OF NURSING**  
AGENCY

**NOTICE:**

PLEASE PRINT OR TYPE INFORMATION,  
EXCLUDING ADMINISTRATORS OR  
AUTHORIZED PERSON SIGNATURE.  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.

**17373 Perkins Road**

MAILING ADDRESS

**Baton Rouge**

CITY

**LA**

STATE

**70810**

ZIP CODE

*Provide/print the following information below:*

\_\_\_\_\_  
APPLICANT'S FULL NAME (print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_  
RACE SEX

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY  
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**DO NOT WRITE BELOW THIS LINE: (FOR BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION USE ONLY)**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

**CRIMINAL HISTORY DETERMINATION:**

**RAPSHEET ATTACHED**

**RESPONSE BELOW**