

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

www.lsbn.state.la.us

FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

- 1) **Authorization Forms:** Complete, sign and date **both** CBC authorization forms included on the pages that follow these instructions.
 - * **CBC1a:** [Authorization for Criminal Background Check – Page I](#)
 - * **CBC1b:** [Authorization for Criminal Background Check – Page II](#)

Submit the authorization forms to LSBN at the address above together with the two (2) fingerprint Federal Bureau of Investigation (FBI) cards.

***Students submit completed cards to the office of your program head.**
- 2) **Fingerprinting:** Submit to the LSBN office **two (2)**, separate official FBI level fingerprint cards on the fingerprint form FD-258. Fingerprinting must be completed by trained individuals who are authorized to provide fingerprinting services at their agency (i.e. law enforcement facilities including state or local police/sheriff's offices, campus security, private vendors). Contact the agency to inquire about the procedures, fees and locations for fingerprinting services. If the agency does not have blank FBI cards, print paper cards at the following link to bring to the agency for fingerprinting services: <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>.
 - Each of the two (2) FBI cards need a separate and distinct set of your fingerprints. If the agency utilizes an electronic scan system ('LiveScan'), request they scan both hands for your fingerprints and print the first (1st) FBI card, then scan your hands again to print your fingerprints on the second (2nd) 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 fingerprinting agency where you're being fingerprinted. If any of the fingerprints appear too light or too dark, or are obviously smudged, or are outside of the boxes on the fingerprint card, request that the technician prepare an additional set of cards and submit **both sets** (all four cards) along with your forms. ***Protect all 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 applicant/nurse with all sections filled out completely with the exception of the "employer and address" section.
- 3) **Fee due to LSBN for CBC:**
 - \$39.25 – Paid electronically with submission of applications through the Louisiana Nurse Portal.
 - Contact the LSBN office about payment of the fee if you are submitting to a background check and have not submitted the fee in association with an application.

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******

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

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

See instructions for submission of fees.

Louisiana State Board of Nursing

FACILITY OR AGENCY

Patricia A. Dufrene, PhD, RN

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

Monique Calmes, APRN, FNP-BC

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)

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- CASA
- CONCEALED HANDGUNS
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF LABOR
- DEPARTMENT OF PUBLIC SAFETY
- EMPLOYERS
- FIREFIGHTERS
- GAMING
- HEALTH CARE PROVIDER
- IMMIGRATION
- JUVENILE DETENTION CENTER
- DEPARTMENT OF INSURANCE
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OCS FOSTER/ADOPTIVE
- OCS PERSONNEL

- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POSTSECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIVERBOAT PILOTS
- SCHOOL
- SENATE AND GOVERNMENTAL AFFAIRS
- TAXI DRIVERS
- USED MOTOR VEHICLE COMMISSION
- VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS

**** Please print all except Signature ****

APPLICANT 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)

APPLICANT SIGNATURE: _____

APPLICANT SOCIAL SECURITY # ___ - ___ - ___ DATE OF BIRTH: ___ / ___ / ___

DRIVERS LICENSE #: _____ & STATE _____ RACE _____ SEX _____

LICENSE APPLIED FOR: Student RN by examination/NCLEX RN by endorsement
 Other APRN Conversion to compact license RN reinstatement

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.

FORM NBR: CBC – 1a

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