



Louisiana State Board of Medical Examiners

Background Check Fingerprinting Instructions

Option 1: Mail background check packet to LSBME for processing

Local police station, sheriff's office or private agency certified to provide fingerprints.

We recommend contacting your local law enforcement agency in advance to check on availability of digital (live scan) or ink fingerprinting as well as hours of operation, costs (you will need 2 FBI cards), and any other requirements/information. If agency does not supply FBI fingerprint cards, email lsbmeCBC@lsbme.la.gov with your name and mailing address and a packet will be mailed to you.

If digital (live scan), fingerprint images MUST be transferred onto FBI fingerprint cards.

Packet - mailed to LSBME

- 2 completed FBI fingerprint cards:
 - Fill in your name, SS#, Date of Birth, Sex, Race, Height, Weight, Eyes, Hair, Place of Birth.
 - Sign the cards.
- Fee \$40.75 - forms of payment: **Money Order, Cashier's Check or Business Check ONLY** (made payable to DPSC).
NO PERSONAL CHECKS.
- Louisiana State Police Form - Authorization Form (complete bottom of form)
- Applicant Processing Form - Disclosure Form (complete middle of form)
- Credential Checklist Form

Mailing Address

- LSBME, Attn: CBC, 630 Camp St, New Orleans, LA, 70130.

Option 2: Go to Baton Rouge, Louisiana for fingerprinting

This option produces the fastest results.

Only Location:

Louisiana State Police Office
7919 Independence Blvd
Baton Rouge, LA, 70806

Hours of Operation for this service are 8 am-4:00 pm, Monday - Friday.

Checklist

At the police office, ask for digital fingerprinting with electronic submission.

- Processing fee: \$40.75
- Separate fee: \$10.00
- Forms of payment: **Check, Money Order, Cashier's Check or Business Check payable to DPSC**
- Louisiana State Police - Authorization Form (complete bottom of form)
- Applicant Processing - Disclosure Form (complete middle of form)
- Automated Processing Form ((to be stamped by state police)

Mail to LSBME

- Automated Processing Form.

**Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896**

****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****

Louisiana State Board of Medical Examiners

Kieshan Williams

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

630 Camp Street



MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

New Orleans

LA

70130

(504) 568-1075

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

kwilliams@lsbme.la.gov

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET <input type="checkbox"/> BEHAVIOR ANALYST BOARD <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS <input type="checkbox"/> CASA <input type="checkbox"/> COURT ORDER ADOPTION <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE <input type="checkbox"/> DAYCARE <input type="checkbox"/> DENTISTRY BOARD <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION <input type="checkbox"/> DCFS CARETAKER <input type="checkbox"/> DCFS FOSTER/ADOPTIVE <input type="checkbox"/> DCFS PERSONNEL <input type="checkbox"/> EMPLOYERS <input type="checkbox"/> FIREFIGHTERS <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) <input type="checkbox"/> JUVENILE DETENTION CENTER <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS <input type="checkbox"/> LA PHYSICAL THERAPY BOARD <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS <input checked="" type="checkbox"/> MEDICAL EXAMINERS <input type="checkbox"/> MENTAL HEALTH COUNSELORS | <ul style="list-style-type: none"> <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL <input type="checkbox"/> OMVI – CONTRACT PROCESS
INQUIRY/TRANSACTION <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG
AGENT <input type="checkbox"/> PHARMACY BOARD <input type="checkbox"/> POST SECONDARY EDUCATION <input type="checkbox"/> PRACTICAL NURSING <input type="checkbox"/> PRIVATE ADOPTION <input type="checkbox"/> PRIVATE INVESTIGATORS <input type="checkbox"/> PRIVATE SECURITY <input type="checkbox"/> PUBLIC HOUSING <input type="checkbox"/> REGISTERED NURSING <input type="checkbox"/> RELIGIOUS ACTIVISTS <input type="checkbox"/> RIGHT TO REVIEW <input type="checkbox"/> SCHOOL <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION <input type="checkbox"/> TAXI DRIVERS <input type="checkbox"/> TESS WINDOW TINT <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION <input type="checkbox"/> WORKING WITH CHILDREN |
|--|--|

APPLICANTS FULL NAME: _____
 ****PRINT – USE INK**** LAST FIRST MIDDLE
 {INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _____ DATE OF BIRTH: ___/___/___

ID or 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, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN and SID# FOR OFFICIAL USE ONLY

ATN# _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP3/R09.10

LA STATE BD OF MEDICAL EXAMINERS

AGENCY, BUSINESS OR INDIVIDUAL NAME

630 Camp Street

MAILING ADDRESS

New Orleans, LA 70130

CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE
INCOMPLETE FORMS WILL NOT BE
PROCESSED

NAME

____/____/____
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 AREQUEST.

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 an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
CREDENTIAL CHECKLIST**

CHECK LICENSURE CATEGORY

- | | |
|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Clinical Lab Personnel |
| <input type="checkbox"/> Physician Training Permit | <input type="checkbox"/> Medical Psychologist |
| <input type="checkbox"/> American Graduate | <input type="checkbox"/> Midwifery |
| <input type="checkbox"/> International Graduate | <input type="checkbox"/> Occupational Therapist/Assistant |
| <input type="checkbox"/> Dispensing Physician | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Telemedicine Permit | <input type="checkbox"/> Perfusionist |
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Acupuncturist Assistant | <input type="checkbox"/> Polysomnographic Technician |
| <input type="checkbox"/> Acupuncture Detox Specialist | <input type="checkbox"/> Polysomnographic Technologist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Private Radiological Technologist |
| <input type="checkbox"/> Clinical Exercise Physiologist | <input type="checkbox"/> Respiratory Therapist |



CHECKLIST

- _____ 2 completed FBI fingerprint cards (on cardstock, not paper)
- _____ Did you fill in your name, SS#, Date of Birth, Sex, Race, Height, Weight, Eyes, Hair, Place of Birth?
- _____ Did you sign the cards?
- _____ Processing fee: \$40.75 - **Money Order, Cashier's Check or Business Check ONLY**. Make payable to DPSC. **NO PERSONAL CHECKS**.
- _____ Form - Louisiana State Police - Authorization Form (bottom of form completed)
- _____ Form - Applicant Processing - Disclosure Form (middle of form completed)
- _____ Form - Credential Checklist - this form

INCOMPLETE OR INCORRECT PACKETS WILL BE RETURNED

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Social Security #: _____

Email Address: _____

Cell Phone: _____

Clearly Print Full Mailing Address:

_____ Street _____ Apt

_____ City

_____ State _____ Zip



Louisiana State Board of Medical Examiners

Automated Processing Form Baton Rouge, Louisiana ONLY

Complete this form **ONLY** if going to the state police office in Baton Rouge, Louisiana.

If you choose this option:

- Go to Louisiana State Police Office, 7919 Independence Blvd, Baton Rouge, LA 70806, Monday-Friday between the hours of 8:00 a.m. and 4:00 p.m. Monday-Friday, excluding state holidays.
- Request Automated Processing

Payments: Money Order, Cashier's Check or Business Check **ONLY** made payable to DPSC

- Processing fee of \$40.75
- Electronic transmission fee of \$10.00

Forms:

- Louisiana State Police Authorization Form (bottom completed)
- Applicant Processing-Disclosure Form (middle completed)
- Automated Processing Form (complete below)

Mailing:

- The state police will stamp this form and return to you.
- Mail to LSBME, 630 Camp Street, New Orleans, LA 70130

Name	
Street Address	
City, State, Zip	
SSN	
License Applied For	
Date of Birth	
Race	
Sex	
Height	
Weight	
Driver's License	# _____ State _____

**Must be stamped by
Louisiana State Police**