Louisiana State Board of Medical Examiners

Criminal Background Check
Fingerprinting Instructions

Option 1: 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, please email lsbmecbc@lsbme.la.gov with your name and mailing address for a packet to be mailed to you.

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

Mail to LSBME

- 2 completed fingerprint cards. Fill in all blanks except the OCA, FBI, and MNU sections.
  Make sure you have signed the cards. Do not fold, staple or bend cards.
- Processing fee in the amount of **$40.75** made payable to **DPSC** (Dept of Public Safety and Corrections).
  Forms of payments: **Money Order, Cashier's Check or Business Check ONLY.**
- Louisiana State Police-Authorization Form (complete bottom of form)
- Applicant Processing-Disclosure Form (complete middle of form)
- Credential Checklist (check licensure category)

Mailing Address

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

Option 2: Baton Rouge, Louisiana **ONLY**

This is the fastest option. Go to:

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.

- Payment of $40.75 (**Money Order, Cashier's Check, Business Check ONLY** payable to DPSC)
- Separate payment of $10.00 **(Money Order, Cashier's Check, Business Check ONLY** 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 stamped by State Police
- Credential Checklist (Downloaded from LSBME website)

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 Examiniers
AGENCY, FACILITY OR INDIVIDUAL

Kieshan Williams
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

630 Camp Street
MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

New Orleans | LA | 70130
CITY | STATE | ZIP CODE

(504) 568-1075
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

kwilliams@lsbme.la.gov
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ BEHAVIOR ANALYST BOARD
- ☐ BOARD OF EXAMINERS OF PSYCHOLOGIST
- ☐ BOARD OF NURSING HOME ADMINISTRATORS
- ☐ CASA
- ☐ COURT ORDER ADOPTION
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DCFS ABUSE/NEGLECT INVESTIGATION
- ☐ DCFS CARETAKER
- ☐ DCFS FOSTER/ADOPTIVE
- ☐ DCFS PERSONNEL
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ FIRE MARSHAL
- ☐ HEALTH CARE PROVIDER (Non Licensed)
- ☐ JUVENILE DETENTION CENTER
- ☐ LA BOARD CHIROPRACTIC EXAMINERS
- ☐ LA PHYSICAL THERAPY BOARD
- ☐ LA STATE BOARD SOCIAL WORK EXAMINERS
- ☑ MEDICAL EXAMINERS
- ☐ MENTAL HEALTH COUNSELORS
- ☐ OFFICE OF FINANCIAL INSTITUTIONS
- ☐ OMVC – COMMERCIAL DRIVING EXAM ADMINISTER
- ☐ OMVE – EMPLOYEE ISSUING COMMERCIAL DL
- ☐ OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION
- ☐ OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT
- ☐ PHARMACY BOARD
- ☐ POST SECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIGHT TO REVIEW
- ☐ SCHOOL
- ☐ SUPREME COURT COMMITTEE BAR ADMISSION
- ☐ TAXI DRIVERS
- ☐ TESS WINDOW TINT
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VOLUNTEER LOUISIANA COMMISSION
- ☐ 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

Licensure Category

Return this form to the LSBME with the Finger Print Packet

Check the licensure category in which you are applying for:

- ☐ Physician (MD)
- ☐ Physician (DO)
- ☐ Physician Training Permit
  - ☐ American Graduate
  - ☐ International Graduate
- ☐ Dispensing Physician
- ☐ Telemedicine Permit
- ☐ Acupuncturist
- ☐ Acupuncturist Assistant
- ☐ Acupuncture Detoxification Specialist
- ☐ Athletic Trainer
- ☐ Clinical Exercise Physiologist
- ☐ Clinical Lab Personnel
  - ☐ Generalist
  - ☐ Specialist
  - ☐ Technician
  - ☐ Cytotechnologist
  - ☐ Lab Assistant
  - ☐ Phlebotomist
- ☐ Medical Psychologist
- ☐ Midwifery
- ☐ Occupational Therapist
- ☐ Occupational Therapy Assistant
- ☐ Physician Assistant
- ☐ Perfusionist
- ☐ Podiatrist
- ☐ Polysomnographer Trainee
- ☐ PolysomnographerTechnician
- ☐ Polysomnographer Technologist
- ☐ Private Radiological Technologist
- ☐ Respiratory Therapist

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Social Security #: _____

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