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
AGENCY, FACILITY OR INDIVIDUAL

Kieshan Falls
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

kfalls@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.