



INSTRUCTIONS FOR USING LIVE SCAN FINGERPRINTING **AS A CONDITION OF LICENSE RENEWAL**

I. FINGERPRINT REQUIREMENTS

All Licensed Vocational Nurses (LVNs) and Psychiatric Technicians (PTs) that were licensed prior to January 1, 1998, or for whom a record of the submission of fingerprints no longer exists, are required to submit their fingerprints as a condition of license renewal. Licensees must provide their fingerprints to the Department of Justice (DOJ) for the purpose of conducting a search for criminal history in state (DOJ) and federal (Federal Bureau of Investigation or FBI) databases.

Fingerprint Fees

The DOJ and FBI have each established fingerprint processing fees that are subject to change by that agency without notice. Pursuant to Section 11105(e) of the Penal Code, the cost for these services are paid by the licensee. As of this printing those fees are:

DOJ FINGERPRINT PROCESSING FEE \$32.00
FBI FINGERPRINT PROCESSING FEE \$17.00

The fingerprint processing fees must be paid at the Live Scan site at the time that you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to a service or "rolling" fee that may be charged by the Live Scan site. Check with the Live Scan site for acceptable forms of payment.

II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **PLEASE SEND THE THIRD COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, TO THE BOARD. Retain the second copy for your records. (You are required to retain a record of your fingerprint submission for 3 years.)**

Live Scan fingerprint processing is offered at most local police and sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>. **CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You will be required to present valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

SEE BACK PAGE FOR SPECIFIC INSTRUCTIONS FOR COMPLETING THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

COMPLETING THE "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM"

Please note:

- **Your name must be identical to your name as printed on your VN or PT license.**
- You must complete all items as indicated below.
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

Box 1: Job Title of Type of License, Certification or Permit – Place an "X" in the box next to the license type for which you are renewing (i.e., vocational nurse license or psychiatric technician license).

Box 2: No action required.

Box 3:

Name of Applicant - Indicate your complete name, identical to that on your VN or PT license.

AKA's - Indicate all other names used (i.e., maiden name, previous married names, and/or alias names)

DOB - Indicate your month/day/year of birth

Sex – Place an "X" in the appropriate box (i.e., Male or Female)

HT - Indicate your height in feet and inches using a three-digit code (first digit = feet, second and third digits = inches)

EXAMPLE: 5 feet 9 inches = 509

WT - Indicate your weight in pounds

Eye Color - Indicate eye color abbreviation:

BLK - Black

GRY - Gray

MAR - Maroon

BLU - Blue

GRN - Green

PNK - Pink

BRO - Brown

HAZ - Hazel

MUL - Multicolor

Hair Color - Indicate hair code abbreviation:

BAL - Bald

BRO - Brown

SDY - Sandy

BLK - Black

GRY - Gray

WHI - White

BLN - Blonde

RED - Red

POB - Indicate the state or country of birth

SOC - Enter your social security number

CDL - Enter your California Driver's license number

Box 4:

Your Number – Enter your California VN or PT license number in this space

Level of Service – Indicate both DOJ and FBI by placing an "X" in each box.

Box 5: No action required.

Box 6: To be completed by the Live Scan operator.

Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

REMEMBER, PLEASE SEND THE THIRD COPY OF THE FORM TO THE BOARD IN ORDER FOR THE BOARD TO TIMELY RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.



IMPORTANT LICENSEE FINGERPRINT INFORMATION **PLEASE READ CAREFULLY**

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all Licensed Vocational Nurses (LVNs) and Psychiatric Technicians (PTs), that were licensed prior to January 1, 1998 or for whom a record of the submission of fingerprint no longer exists.

There are currently two methods available for submitting fingerprints; live scan, or the ten-print (hard card) fingerprint card. Review the following information carefully to determine the appropriate method.

1. Live Scan

Live Scan is a system for the electronic submission of fingerprints. DOJ is able to process up to 95% of live scan fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

If you currently reside in the State of California, the DOJ requires that you use Live Scan to submit your fingerprints. Please use the enclosed ***Request For Live Scan Service Applicant Submission form. (Form BCII 8016)***. Carefully follow the enclosed instructions for obtaining live scan fingerprints.

2. Ten-Print "Hard Card" Fingerprint Card

The Live Scan process is currently only available within the State of California. If you reside outside of the State of California and have no access to a California Live Scan site, you must use the "hard card" fingerprint method. **Please be advised that the DOJ processing time for hard card fingerprints is can be up to 8 weeks, or longer.**

If you do not have access to a California Live Scan site, please contact the Board office and request that the "hard card" fingerprint cards be mailed to you.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Mail Code (five-digit code assigned by DOJ) _____
Agency authorized to receive criminal history information

Street No. Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
 _____ () _____
 City State Zip Code _____ Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____

Street No. Street or PO Box

Eye Color: _____ Hair Color: _____

Place of Birth: _____

City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____
 _____ () _____
 City State Zip Code _____ Agency Telephone No. (optional) _____

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Mail Code (five-digit code assigned by DOJ) _____
Agency authorized to receive criminal history information

Street No. Street or PO Box Contact Name (Mandatory for all school submissions) _____
 _____ () _____
 City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) _____
 _____ () _____
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Name of Operator _____ Date _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Mail Code (five-digit code assigned by DOJ) _____
Agency authorized to receive criminal history information

 Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
 _____ () _____
 City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____

Street No. Street or PO Box

Eye Color: _____ Hair Color: _____

City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.) Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

 Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) _____
 _____ () _____
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____