

## **Background Check Instructions**

1. Complete the required *Livescan Pre-Registration Application* document.
2. Take this document to CJIS Fingerprinting Service. They are located at 6776 Reisterstown Road, Suite 102, Baltimore, MD 21215. The telephone number is **410-764-4501**. The days and hours of operation are Monday-Friday from 8:30 am 5:00 pm. **You must bring a current driver's license or state issued ID along with the above document.**
3. Pay the fee of **\$53.00** and have your fingerprints taken. They do **not** accept **cash, American Express, or Discover cards**. Please obtain a receipt upon payment and completion. The receipt will have a 12-digit tracking number. **That number will be needed when you complete your nursing assistant application online.**
4. Your background check results will be mailed and should be received within 3-5 days. Bring a copy of your background check results.
5. Call the school if you have any issues, concerns or questions at 410-528-1600.



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check)</i>		Hair Color:			
Place of Birth:			Citizenship:		
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 9300000850	
ORI # (if required): MD920480Z	Reason fingerprinted? CNA Initial
Position Applied for: MD Ann. Code Health Occ. SS8303, 8-6A-05	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

*(Mailing option only available for Visa Gold Seal and/or Individual Review)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_