

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 **\$50.00** 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 7 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 (Please check)	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair 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 (Please check)			
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: (Choose one ONLY)	
<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:	_____