



MARYLAND

Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215 – 2299 www.health.maryland.gov/bswe/
Phone Number: 410-764-4788 Fax Number: 410-358-2469 Toll Free: 1-877-526-2541

CJIS – CRIMINAL JUSTICE INFORMATION SYSTEM AND CHRC – CRIMINAL HISTORY RECORDS CHECK

I FOR APPLICANTS WHO RESIDE IN MARYLAND:

- 1) LIVESCAN PRE-REGISTRATION FORM – LOCATED ON THE NEXT PAGE
- 2) TAKE THIS FORM TO A FINGERPRINTING LOCATION IN MARYLAND
- 3) **DO NOT MAIL THIS FORM TO THE BOARD OF SOCIAL WORK**
- 4) **DO NOT SEND ANY RECEIPTS TO THE BOARD OF SOCIAL WORK**
- 5) THE BOARD RECEIVES THE CHRC ELECTRONICALLY AND DIRECTLY FROM CJIS

FOR FAST AND ACCURATE SERVICE

1. If you are requesting a background check for licensing purposes you must use the Maryland Board of Social Work Examiner' name and authorization numbers, listed below:
CJIS #1300005486 & FBI ORI – MD920513Z
2. If your background check is being sent to a government agency you may also need an ORI number.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
4. Take the [Livescan Pre-registration Application](#) to any fingerprinting center.
5. Bring payment: major credit cards, checks, and money orders are accepted. Cash is not accepted at the State Operated Fingerprinting Centers.

Government Operated Services: The fee is \$30.00 for a full background check State and FBI.

Commercial Fingerprinting Services (Private Providers): The fee is \$30.00 plus an additional amount set by the private provider.

For a listing of providers, both State and Private please go to
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

II FOR APPLICANTS WHO DO NOT RESIDE IN MARYLAND:

- 1) Send an Email message, Beverly Lewis, Licensing Coordinator
beverly.lewis@maryland.gov
- 2) Provide your legal name and mailing address.
- 3) A fingerprint card will be mailed to you with an envelope addressed to CJIS.
- 4) **DO NOT MAIL THE COMPLETED FINGERPRINT CARD TO THE BOARD**

DO NOT MAIL

THE FORM ON THE NEXT PAGE

TO THE BOARD

PRINT OUT THE FORM

COMPLETE IT

TAKE IT WITH YOU

TO A FINGER PRINTING PROVIDER

For a listing of providers, both State and Private please go to
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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: Male Female (Please Check)

Height: ft. inches Weight lbs. Eye Color Hair Color

Race American Indian/ Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander
 White Other (Please Check)

Place of Birth Citizenship

Current Address

City State Zip Code

Daytime Phone Evening Phone Driver's License

AGENCY INFORMATION

Agency Authorization #: 1300005486 Reason fingerprinted? Social Work License

ORI # (if required): MD920513Z

Position Applied for: N/A

Request Type: (Choose only one)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Letter / Visa	<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