



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's 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 \$51.25 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
<https://dpscs.maryland.gov/publicservs/fingerprint.shtml>

II FOR APPLICANTS WHO DO NOT RESIDE IN MARYLAND:

- 1) Send an Email message, mdh.socialwork@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
<https://dpscs.maryland.gov/publicservs/fingerprint.shtml>



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:			
Date of Birth:		Social Security Number:	
Height: ft.	in.	Weight: lbs.	Eye Color:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Place of Birth:		Citizenship:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Driver's License Number:	Email Address:	

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

Gold Seal/Adoption (Enter Authorization Number if applicable) _____
 Gold Seal/Letter/VISA
 Immigration/VISA
 Individual Challenge
 Individual Review
 Attorney/Client (Written Authorization Required)

Mailing Information:

Name:		
Street Address:		
City:	State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Child Care* <input type="checkbox"/> Criminal Justice*	<input type="checkbox"/> Government Employment* <input checked="" type="checkbox"/> Government Licensing or Certification* <input type="checkbox"/> Maryland State Police Licensing*	<input type="checkbox"/> Private Party Petition** <input type="checkbox"/> Public Housing
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Agency Authorization Number:

1300005486

*ORI Number:
MD920513Z

**Position Applied:

SOCIAL WORK LICENSE