



# MARYLAND

## Department of Health

### MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215 – 2299 [www.health.maryland.gov/bswe/](http://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 \$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](mailto: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:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: ft. in.		Weight: lbs.		Eye Color:	
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:	
Phone Number:				Zip Code:	
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"/> Government Employment*                            | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care*          | <input checked="" type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing           |
| <input type="checkbox"/> Criminal Justice*    | <input type="checkbox"/> Maryland State Police Licensing*                  |   |

Agency Authorization Number:  
1300005486

\*ORI Number:  
MD920513Z

\*\*Position Applied:  
**SOCIAL WORK LICENSE**