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## CRIMINAL HISTORY RECORD CHECK (CHRC) REQUIREMENT FOR LICENSED DIRECT-ENTRY MIDWIVES AND ELECTROLOGY LICENSEES

**PLEASE READ ALL INSTRUCTIONS CAREFULLY**

**FAILURE TO FOLLOW INSTRUCTIONS WILL DELAY YOUR LICENSURE  
YOU are responsible to provide correct information to the Board.**

### OVERVIEW

CHRC is required for:

1. All initial applicants, regardless of whether you hold another certificate or license;
2. All certificate holders or licensees whose certificate or license has been NON-RENEWED FOR MORE THAN 12 MONTHS;
3. Any person informed by the Board that he or she needs a background check.

You **MUST** submit verification of having started the CHRC process with your application for initial licensure. If the verification is not received with the application, you must wait until the Board receives, reviews, and approves both criminal history records reports.

### INSTRUCTIONS

Type or print all information in black ink. ***Do not sign the fingerprint card or form until you are directed to do so by the person obtaining the prints.***

1. **IF YOU ARE OUT OF STATE, YOU MUST EMAIL:**  
**LDEMs:** [mbon.ldems@maryland.gov](mailto:mbon.ldems@maryland.gov) – to request a fingerprint card for Maryland.  
**Electrology:** [mbon.electrology@maryland.gov](mailto:mbon.electrology@maryland.gov) to request a fingerprint card for Maryland.
2. The lavender & white printed card is for the State and FBI criminal history records check. **Do not fold or bend the card.** Fill in all required sections or the card will be returned to you by CJIS.
3. **IF YOU ARE IN-STATE,** the required electronic form is attached to these instructions. YOU **MAY NOT** USE THE ATTACHED FORM UNLESS YOU ARE A MARYLAND RESIDENT.
4. Call **CJIS** (Criminal Justice Information Systems) at 410-764-4501 or 888-795-0011 8am to 5pm Monday – Friday or visit <http://www.dpsecs.state.md.us/publicservs/fingerprint.shtml> to find other fingerprinting sites and fees.
  - Fill in only the front of the card prior to fingerprinting - your signature will be obtained by the finger printer at the fingerprint location.
  - Fill in your birthday (e.g. month/day/year 05/27/1988 -all four digits for the year)

- Place of birth- state or country
- Citizenship- country
- Height and weight- round up to the nearest whole inch or pound
- Race codes: I - American Indian or Alaskan Native
  - A - Asian or Pacific Islander
  - B - African American
  - W - White (including Hispanic/Latin)
  - O - Other
- Gender/Sex- "F" for female; "M" for male
- Eyes/hair- color of your eyes and hair
- SS#
- Maryland driver's license - write in your Maryland driver's license number. If you do not have a Maryland driver's license, write in N/A
- Position applied for: leave blank
- On right hand side of the form, unless already checked, check boxes: (a) State and FBI and (b) Governmental licensing or certification

Take at least one of the following current forms of identification with you:

- Maryland driver's license;
- Another state or country driver's license;
- Passport;
- Certificate of U.S. citizenship;
- Alien registration card; or
- Identification card issued by a state or local governmental agency, the District of Columbia, a United States territory, or a foreign government.

5. **Pay the fee and have your fingerprints taken.** If you are submitting a paper application, copy the front and back of the printed lavender print fingerprint card to attach to your application to the Board.
6. **Keep a record of your tracking number** (on your electronic receipt or under the bar code of the fingerprint card). If the CHRC is not received in this office, you will need to track the results. The tracking number serves as a receipt when entered into an on-line application or notifying the Board for a renewal.
7. **Mail the card to CJIS . PO Box 32708 Reisterstown Road . Pikesville, MD 21282-2708.** You must send a check or money order for the fee with the fingerprint card or your prints will not be processed! (See CJIS website for current fees.)
  - It takes **several weeks** for the Board to receive and process CHRC results. Calling the Board office "just to check" delays the processing of applications. To ensure the quickest service and shortest processing time, please do not call the Board to check if we have received your CHRC. Use the "Look-Up-A-License" feature under "Licensing" on the Board's website to see if your application is PENDING or if you have been certified or licensed. Only contact the Board's office as listed below **IF** it has been at least 3 to 4 week after electronic fingerprinting AND you do not see your name on the website OR you have not been contacted by Board staff about your application.

**DO NOT send the ORIGINAL fingerprint card to the MBON  
It will be discarded and that will delay your application process!**

**On rare occasions**, the Federal Bureau of Investigations (FBI) rejects fingerprints because they are not readable (this can be caused by any number of reasons). If this happens to you, CJIS will mail you the report telling you that the prints were received and rejected and why. Follow the instructions on the letter and send your repeat prints directly to CJIS with a copy of the initial rejection letter. If your fingerprints

are rejected **two** times, you must contact this agency and provide the two rejection letters. To contact MBON with your rejection letters, either scan the letters to [dorothy.haynes@maryland.gov](mailto:dorothy.haynes@maryland.gov) OR FAX them ATTENTION TO Dorothy Haynes at 410-358-3530. This will begin the process for us to request the FBI to conduct a CHRC based on your name and date of birth. This process can be very time consuming and is in the hands of the FBI, not this agency. Please understand that if you are one of the very few to whom this happens, manual name and date of birth check can take up to several months before we receive a result. By law, MBON cannot issue a certificate or license until the CHRC result is returned and meets statutory criteria.

### **HOW TO SUBMIT THE RECEIPT TO THE BOARD**

You **must** submit one of the following to the Board if you expect your initial or renewal application to be processed.

1. ON-LINE: the tracking number of your fingerprinting serves as your receipt by being input into the application.
2. PAPER APPLICATION: a copy of the front and back of the fingerprinted fingerprint card showing your complete name and the date and signature of the person taking the fingerprints along with the prints, is the receipt.
3. RENEWALS: Either receipt, with your certificate/license number on it to MBON, via:
  - a. mailing a copy to 4140 Patterson Ave, Baltimore, MD 21215-2254, Attn: Renewal Department
  - b. Faxing your copy to 410-358-3530, Attn: Renewal Department
  - c. or sending a copy via e-mail to [mbon.nurselicenserenewal@maryland.gov](mailto:mbon.nurselicenserenewal@maryland.gov) (for quickest results, please use email!)

After thoroughly reading these instructions, if you have any questions, please contact Monica Mentzer at (410) 585-1926 or email the respective Licensing Departments at:  
[mbon.ldems@maryland.gov](mailto:mbon.ldems@maryland.gov) for Direct-Entry Midwifery  
[mbon.electrology@maryland.gov](mailto:mbon.electrology@maryland.gov) for Electrology

**REMINDER! SEND FINGERPRINT CARDS TO:  
CJIS  
P.O. Box 32708 Reisterstown Road  
Pikesville, MD 21282-2708**



**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:	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 <i>(Please check)</i>		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? RN/LPN Initial
Position Applied for: MD Ann. Code Health Occ. §§8-303, 8-304	
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: \_\_\_\_\_