CRIMINAL HISTORY RECORD CHECK REQUEST PURSUANT TO NDCC 12-60-24

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 60688 (08-2026)

FOR BCI USE ONLY	
Check Number	
Amount	
Receipt Number	
Receipt Date	
SID	

INSTRUCTIONS

1. Please complete your designated section of the form. Type or print legibly and ensure that all information is provided. **Incomplete or illegible requests will be returned.**
2. If requesting Federal Bureau of Investigation (FBI) check related to NDCC 12-60-24, attach two completed fingerprint cards containing the fingerprints of the subject of the record check. Be sure to include the required fee with your request. Make checks or money order payable to the North Dakota Attorney General.

TO BE COMPLETED BY AGENCY

Agency Name North Dakota Board of Medicine		Originating Agency Identifier (ORI) ND920170Z	
Contact Name Beth Ripplinger	Telephone Number/Extension 701-450-4060	Email Address bripplinger@ndbom.org	
Address 4204 Boulder Ridge Rd, Suite 260	City Bismarck	State ND	ZIP Code 58503
Process Control Number (PCN)	Reason Fingerprinted Obtaining ND Licensure profession under NDBOM jurisdiction		

Please Select One and Remit Appropriate Fees

☐ ND only, remit $15.00 ☐ FBI only, remit $28.00 ☒ ND and FBI, remit $43.00

Comments/Miscellaneous

TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name	
Additional Last Name(s) (AKA/Maiden/Former)	Additional First Name(s)	Additional Middle Name(s)	
Date of Birth	Social Security Number		
Current Address	City	State	ZIP Code

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Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I understand the Applicant Rights provided on the following page and hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature (electronic or typed name is the legal equivalent of a handwritten signature)	Date

Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under NDCC§12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.

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APPLICANT RIGHTS

APPLICANT: Please review and retain for your records.

Privacy Act Statement

As of 03/30/2018

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 USC 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

28 CFR 50.12(b)

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Those officials making such determinations must advise the applicants that procedures for obtaining a change, correcting, or updating of an FBI identification record are set forth in 28 CFR 16.34. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record.

FINGERPRINT ID VERIFICATION FORM

This form is NOT to be completed by the applicant,
it must be completed by the fingerprint official.

ATTENTION FINGERPRINT OFFICIAL:

(Please follow the instructions below for fingerprinting this applicant.)

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint cards before taking the fingerprints. If an individual is being printed via Livescan (digital fingerprints), please do NOT fill out cards before being fingerprinted.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and the information on the fingerprint cards. Please verify DOB matches.
3. Fill out the information in the spaces below. Please print clearly.

If you are performing rolled inked fingerprints, it is advised that the applicant should have two (2) *FBI Applicant cards (FD-258)* cards printed.

Digital fingerprints are best as they are generally accepted by the FBI. But not all agencies have the capability to do digital fingerprints. ***It is NOT possible to electronically send digital prints to North Dakota BCI; they MUST be printed out and returned to us for processing.**

Fingerprint Official, please complete the information in the boxes. (PRINT clearly*):*

Date _____

Name Subject (Last, First, Middle) _____

Type of Photo ID provided (check one), please verify DOB:

_____ **Driver's License** _____ **Passport** _____**Tribal** _____ **Military ID**

_____ **State** _____ **Current School ID with Birth Certificate and Social Security Card**

Name of Fingerprint Official (PRINT): _____

Name of Fingerprint Official's Agency: _____

Signature of Fingerprint Official: _____

Please contact the Board office if you have any questions regarding this form or the fingerprint cards.