



### **Background Check Packet**

State Law requires all individuals applying for or restoring a license with the State Medical Board of Ohio to submit fingerprints for a criminal record check completed by both the Ohio Bureau of Criminal Investigation (BCI) and the Federal Bureau of Investigation (FBI).

**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

### **Ohio Revised Code (ORC) Reasons for Fingerprinting**

<u>License Type</u>	<u>ORC #</u>
Physician	4731.08
Podiatrist	4731.08
Physician Assistant	4730.101
Massage Therapist	4731.171
Acupuncturist	4762.031
Anesthesiologist Assistant	4760.032
Radiologist Assistant	4774.031
Genetic Counselor	4778.04
Respiratory Care Professional	4761.051
Respiratory Care Limited Permit	4761.051
Licensed Dietitian	4759.061
Dietetics Limited Permit	4759.061

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## **Fingerprinting Instructions**

There are two options for completing the background checks:

### **OPTION 1 – Ohio Fingerprint Services** *(Approximate Processing Time: 2 Weeks)*

The State Medical Board of Ohio recommends electronic prints when possible. If you are located in Ohio or can make yourself present in Ohio, you must submit electronic prints via the National Webcheck Program. An approved Ohio WebCheck facility can be located at <https://www.ohioattorneygeneral.gov/backgroundcheck>. Once you have located a Webcheck facility near you:

1. Call the facility to schedule an appointment and verify requirements for fingerprinting at that location. Generally, you will need:
  - A valid, government-issued photo ID
  - Form of payment
  - Reason for fingerprinting. **You must provide the correct ORC #** (see above for appropriate ORC # for the license being applied for).
2. Have the Webcheck facility select “direct copy” from the dropdown box for the State Medical Board of Ohio, located at 30 East Broad Street, 3rd Floor, Columbus, OH 43215.

### **OPTION 2 – Out-of-State Fingerprint Services** *(Approximate Processing Time: 4 Weeks)*

If it is not possible to appear in Ohio for electronic fingerprinting through WebCheck, you will need to print two of each fingerprinting cards below and complete the fingerprinting as follows:

1. Contact an entity that can perform ink fingerprinting on cards, or can print cards with fingerprints taken electronically, and verify requirements for fingerprinting at that location. Fingerprinting can be completed by most local law enforcement agencies. Generally, you will need:
  - A valid, government-issued photo ID
  - Form of payment
    - Electronic payments via the e-payment website: <https://payments.cboss.com/clients/pymt/backgroundcheck/paymentlaunch/default.aspx>. *\*If you are not able to pay online, submit via mail a check or money order payment.*
  - Reason for fingerprinting. **You must provide the correct ORC #** (see above for appropriate ORC # for the license being applied for).
2. Complete the fingerprinting of four cards at the identified location

- a) Verify that the top left-hand corner indicates APPLICANT on two cards and BCI on the other two cards. Some locations may require you to use fingerprinting cards of their own. You may strike through APPLICANT on two of the cards and remark them BCI.
  - b) Complete the top portion(s) of the fingerprinting cards (see the fingerprint example provided below). **You must provide the correct ORC #** (see above for appropriate ORC # for the license being applied for).
3. Mail two fingerprinted cards (one APPLICANT and one BCI card) for processing. It is the responsibility of the applicant to mail the fingerprint cards.
- a. For electronic payments, visit the e-payment website:  
<https://payments.cboss.com/clients/pymt/backgroundcheck/paymentlaunch/default.aspx> and follow the instructions. Once the E-Payment has been made, write the transaction number from the E-Payment website in the Reason Fingerprinted box or mail a copy of the receipt with the fingerprint card.
    - If you are not able to pay online, obtain a money order, personal check, or business check for payment (cash is not accepted as payment) in the amount of \$46. This fee covers both the BCI and FBI background checks.
  - b. Place two fingerprinted cards (one APPLICANT and one BCI card) in an envelope with the payment and mail them to:

**Ohio Bureau of Criminal Investigation (BCI)**  
**PO Box 365**  
**London, Ohio 43140**

It is recommended that Priority Mail, including USPS tracking, be used so that you can confirm delivery to BCI.
  - c. Retain the other two fingerprinted cards in case the prints are rejected. If the fingerprints are rejected, you must resubmit a second set of prints. Mail the two retained cards with the rejection notification. There should not be an additional charge for the additional processing so long as the rejection notice is provided with the second submission.

### Mailing Example



### FBI Card Example

**APPLICANT**  
LEARNED BUREAU

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS

DATE

SIGNATURE

STATE MEDICAL BOARD OF OHIO  
30 E. BROAD ST., 3RD FLR.  
COLUMBUS, OH 43215-6127

4731.081

**EXAMPLE**

**Note: printable cards on the next two pages**

<div>BCI</div> <div>* See Privacy Act Notice on Back</div>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK						FBI		LEAVE BLANK			
		LAST NAME		NAM		FIRST NAME		MIDDLE NAME							
SIGNATURE OF PERSON FINGERPRINTED				ALIASES AKA		O R I	OHBCI0000 STATE BUREAU LONDON, OH					DATE OF BIRTH Month Day Year		DOB Year	
RESIDENCE OF PERSON FINGERPRINTED															
				CITIZENSHIP CTZ		SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH	POB		
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA 1AB002		LEAVE BLANK									
				FBI NO. FBI											
				ARMED FORCES NO. MNU											
				SOCIAL SECURITY NO. SOC											
EMPLOYER AND ADDRESS STATE MEDICAL BOARD OF OHIO 30 E. BROAD ST., 3RD FLOOR COLUMBUS, OH 43215						CLASS _____  REF. _____									
REASON FINGERPRINTED Required for licensure per ORC ORC#				MISCELLANEOUS NO. MNU											

1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

APPLICANT

\* See Privacy Act Notice on Back

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

STATE MEDICAL BOARD OF OHIO  
30 E. BROAD ST., 3RD FLOOR  
COLUMBUS, OH 43215

REASON FINGERPRINTED

Required for licensure per ORC  
ORC#

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME FIRST NAME MIDDLE NAME

ALIASES AKA

OHBCI0000  
STATE BUREAU  
LONDON, OH

CITIZENSHIP CTZ

YOUR NO. OCA  
1AB002

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

OHBCI0000  
STATE BUREAU  
LONDON, OH

SEX RACE HGT. WGT. EYES HAIR

DATE OF BIRTH DOB  
Month Day Year

PLACE OF BIRTH POB

LEAVE BLANK

CLASS

REF.

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE

6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



# DAVE YOST

OHIO ATTORNEY GENERAL



Civilian Identification  
Office 877-224-0043  
Fax 866-750-0214

## BCI CIVILIAN BACKGROUND CHECK PROCEDURES

- Use only the BCI Civilian Background Check card for the State of Ohio background check. A release from submission of electronic fingerprint form must be completed and submitted with the card.
- The fee for a BCI check is \$22.00. Go to the E-Payment website at <https://payments.cboss.com/clients/pymt/backgroundcheck/paymentlaunch/default.aspx> and follow the instructions. Once the E-Payment has been made write the transaction number from the E-Payment website in the Reason Fingerprinted box under Other or mail a copy of the receipt with the fingerprint card.
- 1AB002 must be written in the Agency Code box and the address the result is to be sent to must be written in the Send Background Check Results To box. If the card is being billed to an agency code, write the agency code in the Agency Code box and the result will be returned to the address for the agency code.
- Each fingerprint card must be completed with required information (i.e., social security number, date of birth, etc.) this information may be validated with a driver's license or other photo I.D. All information should be typed or printed legibly.
- When taking fingerprints only fingerprinting ink should be used, and fingers should be rolled nail to nail.
- The Reason Fingerprinted field must be completed. Please check the appropriate box and specify the proper Ohio Revised Code section number that pertains to the reason fingerprinted if the box you check requires an Ohio Revised Code.
- If any of the aforementioned information is incomplete, fingerprint cards will be returned unprocessed. For questions regarding BCI civilian background checks, please call 877-224-0043. Your cooperation is greatly appreciated.

Civilian Unit  
Identification Department  
Bureau of Identification & Investigation

*Please Note: If you are unable to submit payment electronically, a money order, certified check, business check or personal check made payable to: Treasurer, State of Ohio, must accompany the card if you do not have a billable agency code established with BCI. Cash or starter checks will not be accepted.*

Revised 2/13/25



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## FBI BACKGROUND CHECK PROCEDURES

- Use only the FBI Applicant fingerprint card for federal background checks. A release from electronic fingerprint form must be submitted with the card. FBI cards must be submitted to BCI for processing, they cannot be sent directly to the FBI.
- The fee for the FBI check is \$24.00. Go to the E-Payment website and follow the instructions. <https://payments.cboss.com/clients/pymt/backgroundcheck/paymentlaunch/default.aspx> Once the E-Payment has been made write the transaction number from the E-Payment website in the Reason Fingerprinted box or mail a copy of the receipt with the fingerprint card.
- 1AB002 must be written in the OCA box and the address the result is to be sent to must be written and then circled in the Employer box. If the card is being billed to an agency code, write the agency code in the OCA box and the result will be returned to the address for the agency code.
- Each fingerprint card must be completed with the required information (i.e., social security number, date of birth, sex, race, etc.) this information may be validated with a driver's license or other photo I.D.
- When taking fingerprints, only fingerprinting ink should be used and fingers should be rolled nail to nail.
- The "reason fingerprinted" field must include the ORC for the type of employment the background check is for. The FBI background check can only be processed for working with children, working with the elderly, and certain types of licensing. If you need an FBI check done for a non-state mandated reason, please contact the FBI at 540-868-1535.
- If any of the aforementioned information is incomplete, fingerprint cards will be returned unprocessed. For questions regarding FBI background checks, please call 877-224-0043. Your cooperation is greatly appreciated.

Civilian Unit  
Identification Department  
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*Please Note: If you are unable to submit payment electronically, a money order, certified check, business check or personal check made payable to: Treasurer, State of Ohio, must accompany the card if you do not have a billable agency code established with BCI. Cash or starter checks will not be accepted.*

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