



# North Dakota State Board of Dental Examiners

2900 E Broadway Ave Ste 3, Bismarck, ND 58501

Email – [info@nddentalboard.org](mailto:info@nddentalboard.org) Web – [www.nddentalboard.org](http://www.nddentalboard.org)

## Criminal History Record Check Forms

**READ ALL INFORMATION CAREFULLY TO AVOID DELAYS IN YOUR LICENSE BEING ISSUED!**

**APPLICATION STATUS: Attention dentist and hygienist applicants! Once your application is received by our office, you may view your application status and take the online Jurisprudence exam at the Board's website, [www.nddentalboard.org](http://www.nddentalboard.org). Click on the Practitioner tab near the top of the homepage and then click on **Application Status for New License/Registration**. To login, you will need to enter your last name, the last 4 digits of your Social Security Number, and your date of birth. The application status is updated as the required documents for your application are received in the NDSBDE Office. It is your responsibility to check on the status of your license! If you have questions regarding your application status, you may email the Board office at [info@nddentalboard.org](mailto:info@nddentalboard.org).**

**BACKGROUND CHECK FORMS: The Board requires a Criminal History Record Check (CHRC) Request on all NEW dental and hygiene applicants in accordance with NDCC 12-60-24(2)(cc).** These are the forms you are required to complete and submit for the background check. You will need to go to a law enforcement agency or a fingerprinting agency to get fingerprinted by an authorized official. You **CANNOT** take your own fingerprints.

**You can be fingerprinted in any state; it does not have to be done in North Dakota. You will need have the fingerprints printed on a card as NDBCI does not accept electronic prints. BCI does accept digital or inked prints.** If you received these forms by mail, the fingerprint cards are enclosed. If you received this by email or printed these from the Board's website, you ***must submit the fingerprint cards you completed at the fingerprint agency.***

Once all forms are completed, you will need to return the completed forms to the Board office with a check or money order. **The check must be payable for \$40.00 (forty dollars and no cents) made payable to the North Dakota Attorney General.** Once the Board office receives your completed forms and check, it may take up to 2 weeks for the Board office to receive the results from the ND Bureau of Criminal Investigation (NDBCI). The Board cannot "speed up" the process with NDBCI. The Board also cannot accept a copy of a previously completed CHRC report from the applicant, employer, or employment agency in lieu of the Board's own CHRC.

**The Board will not issue a license until the results of the CHRC are received. Please mail to the address above. To expedite your license, you may wish to return your forms by expedited mail such as FedEx or USPS Priority Mail.** Incomplete forms, incorrect payment, unreadable prints, or a past criminal history may result in further delays. The applicant will need to meet all other requirements before the license will be issued.

**Do not send the background check forms until you have submitted your application. The Board *will not* process background checks without a submitted application.** However, the Board will accept the application and background check forms, if sent in the same envelope. **DO NOT** send your forms to ND BCI as they will not accept them from the applicant and will return them to you, which will further delay your license.

You must fill in all the fields on your fingerprint cards as underlined below. All fingerprints should be printed unless otherwise noted. This is only a SAMPLE copy of the card and cannot be used for your fingerprints!!

The completed background check forms, fingerprint cards, and check must be returned to the Board office:  
NDSBDE  
2900 E Broadway Ave, Suite 3  
Bismarck, ND 58501

<b>APPLICANT</b> <small>* See Policy Act Notice on Back</small> FD-258 (Rev. 11-1-20) 1110-0046		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I			DATE OF BIRTH		DOB		
RESIDENCE OF PERSON FINGERPRINTED							Month Day Year				
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS			CITIZENSHIP <u>CTZ</u>		SEX RACE HGT WGT EYES HAIR		PLACE OF BIRTH <u>POB</u>		
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>		UNIVERSAL CONTROL NO. <u>UCN</u>		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u>		MISCELLANEOUS NO. <u>MNU</u>	
REASON FINGERPRINTED								CLASS		REF.	
								LEAVE BLANK			
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					

SAMPLE ONLY!



**CRIMINAL HISTORY RECORD CHECK REQUEST  
PURSUANT TO NDCC 12-60-24**  
OFFICE OF ATTORNEY GENERAL  
BUREAU OF CRIMINAL INVESTIGATION  
SFN 60688 (12-2024)

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 N.D.C.C. 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 Dental Examiners		Originating Agency Identifier (ORI) ND920330Z			
Contact Name David Schaibley	Telephone Number/Extension 701-258-8600	Email Address david@nndentalboard.org			
Address PO Box 7246, 2900 E Broadway Ave Ste 3	City Bismarck	State ND	ZIP Code 58501		
Comments/Miscellaneous					
<p><b>Please Check One and Remit Appropriate Fees</b></p> <table border="0"> <tr> <td style="text-align: center;"> <b>Record Check for Employees/Others</b>  <input type="checkbox"/> ND only, remit \$15.00  <input type="checkbox"/> FBI only, remit \$25.00  <input checked="" type="checkbox"/> ND and FBI, remit \$40.00         </td> <td style="text-align: center;"> <b>Record Check for Volunteers</b>  <input type="checkbox"/> ND only, remit \$15.00  <input type="checkbox"/> FBI only, remit \$23.00  <input type="checkbox"/> ND and FBI, remit \$38.00         </td> </tr> </table>				<b>Record Check for Employees/Others</b> <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$25.00 <input checked="" type="checkbox"/> ND and FBI, remit \$40.00	<b>Record Check for Volunteers</b> <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$23.00 <input type="checkbox"/> ND and FBI, remit \$38.00
<b>Record Check for Employees/Others</b> <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$25.00 <input checked="" type="checkbox"/> ND and FBI, remit \$40.00	<b>Record Check for Volunteers</b> <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$23.00 <input type="checkbox"/> ND and FBI, remit \$38.00				
Process Control Number (PCN)		Reason Fingerprinted			

**TO BE COMPLETED BY SUBJECT OF RECORD CHECK**

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

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 (typed name is the legal equivalent of a handwritten signature)	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 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.

## **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 U.S.C. 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.



## North Dakota State Board of Dental Examiners

2900 E Broadway Ave Ste 3, Bismarck, ND 58502 • Phone 701-258-8600 •  
Web [www.nddentalboard.org](http://www.nddentalboard.org) • Email [ndsbd@aptnd.com](mailto:ndsbd@aptnd.com)

### FINGERPRINT VERIFICATION FORM

This form is **NOT** to be completed by the applicant.

It must be completed by the individual/technician fingerprinting the applicant!

#### ATTENTION FINGERPRINT TECHNICIAN:

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 card prior to taking the fingerprints. If individual is being printed via Livescan, please do NOT fill out card prior to 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 to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, return the fingerprint card and this form to the applicant to submit with the other form and payment to the Board office.

**PRINT** the following information:

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name of Fingerprint Technician (PRINT): \_\_\_\_\_

Fingerprint Technician's Agency/Company Name \_\_\_\_\_

Type of Photo ID provided (check one):

\_\_\_\_\_ Driver's License/MVD Issued ID      \_\_\_\_\_ Other (Please specify)

\_\_\_\_\_ Passport

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