

## **Background Check Instructions**

1. Take the completed *Livescan Pre-Registration Application* along with a state issued ID to:

**CJIS Fingerprinting Service  
6776 Reisterstown Road, Suite 102  
Baltimore, MD 21215  
410-764-4501**

OR

**Biometrics Identity  
1005 North Point Boulevard, Suite 728  
Baltimore, MD 21224  
443-503-6073**

2. Pay the fee of **\$52.00-\$55.00** and have your fingerprints taken.
3. Obtain a receipt upon payment and completion. The receipt will have a 12-digit tracking number. **This number will be needed when you complete your CNA certification application online.**
4. Your background check results will be mailed and should be received within 7 days.
5. **Submit a copy of your background check results to the school.**



**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 (Please check)	
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 (Please check)			
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? CNA Initial
Position Applied for: MD Ann. Code Health Occ. SS8303, 8-6A-05	
Request Type: (Choose one ONLY)	
<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:	_____