

Background Check Instructions

1. Take the *Livescan Pre-Registration Application* along with a state issued ID to one of the addresses below. **Call ahead to verify business hours, cost, acceptable forms of payment, and whether walk-ins are welcomed.**

Biometrics Identity
4005 Seven Mile
Lane
Pikesville, MD 21208
443-213-8908

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

Biometrics Identity
10320 Little Patuxent
Parkway, Suite 200
Columbia, MD 21044
443-864-4767

**Absolute
Investigative
Services**
604 East Joppa Road
Towson, MD 21286
410-828-6460

**Global Consultant
Services** (Next to food
court)
6610 Reisterstown Road
Baltimore, MD 21215
410-585-0100

Positive ID
103 Sudbrook Lane,
Suite 2
Baltimore, MD 21208
410-602-2479

2. Pay the fee of **\$55-65** 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 with the board of nursing online.**
4. Your background check results will be mailed to your home and should be received within 7-14 days.
5. **Submit a copy of your background check results to the school.**
6. Call the school at 410-528-1600 if you have questions or concerns.



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:	_____