

State Committee for Social Workers
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
573-751-0885 Telephone
573-526-3489 FAX
lcsw@pr.mo.gov

Application for Licensure by Reciprocity
****Effective April 30, 2010****

Dear Sir/Madam

Thank you for your inquiry into the process of obtaining licensure by way of Reciprocity in Missouri. Attached you will find the following documents:

- 1. Application for Licensure by Reciprocity**
- 2. Licensure Verification Form**
- 3. Instructions for completing the required fingerprinting/background check**

Reciprocity applications are not considered complete until ALL of the following information has been received in the committee office:

- 1. Completed Application for Licensure by Reciprocity**
- 2. \$60.00 Reciprocity Application Fee**
- 3. Completed Verification of Licensure Form (this form should be forwarded to the state in which you are transferring your license from for completion)**
- 4. Fingerprinting/Background Check results**

Pursuant to 20 CSR 2263-2.060(1), the committee may issue a license by reciprocity to individuals who meet the licensure requirements as set forth in the rules promulgated by the committee and provide the following:

- (A) Completed application for Licensure by Reciprocity form provided by the committee. The application shall state the class of license sought by the applicant;
- (B) A reciprocity application fee as set forth in the rules promulgated by the committee;
- (C) Verification form provided by the committee to be completed by the regulatory entity verifying that the individual holds a valid, unexpired license as a social worker in that state, territory, province, or country whose licensing or certification requirements at the time the application is submitted to the committee are substantially similar to those in Missouri. The applicant has the burden of providing the information necessary for determination of this issue.
- (D) Proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri Highway Patrol or its approved vendor. All fees are nonrefundable.

The committee reminds you to read the rules & statutes regarding licensure. Should you have any questions, please contact the committee office at 573.751.0885 or lcsw@pr.mo.gov



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE BY RECIPROCITY

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
 STATE COMMITTEE FOR SOCIAL WORKERS

INSTRUCTIONS

1. Please read the Missouri State Committee for Social Workers Regulations.
2. Applicant must complete all sections, including reference page.
3. If additional information is needed for any questions, please attach a separate sheet.
4. Complete applications should be mailed to the following central office address:

DIVISION OF PROFESSIONAL REGISTRATION/
 STATE COMMITTEE FOR SOCIAL WORKERS
 P.O. BOX 1335
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE: (573) 751-0885 TDD 800-735-2966
 www.pr.mo.gov E-mail: lcsw@pr.mo.gov

FEES
\$60.00 Fees are made payable to the Division of Professional Registration, which are not refundable, in the form of a cashier's check, money order, personal check or bank draft.

PLEASE CHECK ONE OF THE FOLLOWING

<input type="checkbox"/> CLINICAL SOCIAL WORKER	<input type="checkbox"/> ADVANCED MACRO SOCIAL WORKER	<input type="checkbox"/> BACCALAUREATE SOCIAL WORKER	<input type="checkbox"/> MASTER LEVEL SOCIAL WORKER
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APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH		RESIDENCE TELEPHONE NUMBER	
CURRENT PLACE OF EMPLOYMENT			EMPLOYMENT TELEPHONE NUMBER	
EMPLOYMENT ADDRESS		CITY	STATE	ZIP CODE
E-MAIL		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, ATTACH COPY OF EVIDENCE OF LEGAL RESIDENT ALIEN STATUS)		

SOCIAL WORK DEGREES:

<input type="checkbox"/> DOCTORATE	SCHOOL NAME	LOCATION	DATE CONFERRED
<input type="checkbox"/> MASTER	SCHOOL NAME	LOCATION	DATE CONFERRED
<input type="checkbox"/> BACCALAUREATE	SCHOOL NAME	LOCATION	DATE CONFERRED

LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE SOCIAL WORK IN ORDER OF ATTAINMENT. IF CURRENT STATUS IS "OTHER", PLEASE EXPLAIN ON SEPARATE SHEET.

STATE	LICENSE/CERTIFICATE NUMBER AND TITLE CONFERRED BY LICENSE OR CERTIFICATE	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

ANSWER THE FOLLOWING QUESTIONS (Yes answers must be explained in sworn affidavit and accompanied by documents as required in the rules.)

	YES	NO
a) Have you ever applied for a license as a social worker and been denied?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has your license or social work privileges ever been revoked, restricted, or have you ever been the subject of disciplinary action by any licensing agency, institution or any other entity?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you ever entered a plea of guilty or nolo contendere or been convicted of a felony, misdemeanor or received a suspended imposition of sentence?	<input type="checkbox"/>	<input type="checkbox"/>
d) Are you presently being investigated or is there any disciplinary action pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
e) Are you now or ever have been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
f) Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
g) Have you ever been named as a party in a civil suit?	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you ever been disciplined for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
i) Have you ever voluntarily surrendered a professional license?	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC OR PROFESSIONAL REFERENCES

APPLICANT NAME	NUMBER OF YEARS KNOWN
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1. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/State Committee for Social Workers as entirely worthy to be licensed.

SIGNATURE OF REFERENCE	DEGREE	DATE
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REFERENCE NAME (PLEASE PRINT)	PROFESSION OR OCCUPATION
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TITLE	TELEPHONE NUMBER
-------	------------------

ADDRESS (STREET, CITY, STATE, ZIP)

APPLICANT NAME	NUMBER OF YEARS KNOWN
----------------	-----------------------

2. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/State Committee for Social Workers as entirely worthy to be licensed.

SIGNATURE OF REFERENCE	DEGREE	DATE
------------------------	--------	------



REFERENCE NAME (PLEASE PRINT)	PROFESSION OR OCCUPATION
-------------------------------	--------------------------

TITLE	TELEPHONE NUMBER
-------	------------------

ADDRESS (STREET, CITY, STATE, ZIP)

APPLICANT NAME	NUMBER OF YEARS KNOWN
----------------	-----------------------

3. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/State Committee for Social Workers as entirely worthy to be licensed.

SIGNATURE OF REFERENCE	DEGREE	DATE
------------------------	--------	------



REFERENCE NAME (PLEASE PRINT)	PROFESSION OR OCCUPATION
-------------------------------	--------------------------

TITLE	TELEPHONE NUMBER
-------	------------------

ADDRESS (STREET, CITY, STATE, ZIP)

AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice pursuant to this application in the State of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice pursuant to this application and subject to the rules and regulations of the Division of Professional Registration/State Committee for Social Workers. The Division may request further information or evidence that it deems reasonable and proper from the sources above.

Enclosed is the application fee made payable to the Division of Professional Registration, **which is not refundable**, in the form of a **money order, personal check, cashier's check or bank draft**.

MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC	APPLICANT SIGNATURE	
		
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

STATE COMMITTEE FOR SOCIAL WORKERS
 P.O. BOX 1335
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE (573) 751-0885

TO BE COMPLETED BY APPLICANT

APPLICANT - COMPLETE THE TOP PORTION OF THIS FORM AND FORWARD IT TO THE STATE WHERE YOU ARE CURRENTLY LICENSED.

NAME (LAST, FIRST, MIDDLE, MAIDEN) _____

ADDRESS (NO. & STREET)	CITY	STATE	ZIP CODE
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*SOCIAL SECURITY NUMBER	ORIGINAL LICENSE NO. (IN THE STATE TO WHICH THE FORM IS BEING FORWARDED)	DATE ISSUED	DATE EXPIRES
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I HEREBY AUTHORIZE THE _____ TO FURNISH THE MISSOURI STATE COMMITTEE FOR SOCIAL WORKERS THE INFORMATION REQUESTED BELOW.

SIGNATURE	DATE
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TO BE COMPLETED BY LICENSING AGENCY ONLY

PLEASE VERIFY REQUIREMENTS MET IN YOUR STATE:

MSW FROM CSWE ACCREDITED SCHOOL BSW FROM CSWE ACCREDITED SCHOOL

<input type="checkbox"/> DOCTORATE DEGREE IN SOCIAL WORK	NAME OF SCHOOL GRANTING DOCTORATE
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EXAM TAKEN	DATE EXAM PASSED	SCORE
<input type="checkbox"/> NO EXAM, GRANDFATHERED <input type="checkbox"/> ASWB MASTERS <input type="checkbox"/> ASWB BACHELORS <input type="checkbox"/> ASWB CLINICAL <input type="checkbox"/> ASWB ADVANCED		

DOES APPLICANT HAVE 2 YEARS (OR MORE) OF POST MSW CLINICAL EXPERIENCE SUPERVISED BY:

a. Licensed clinical social worker. State _____

b. Other professional. Please specify: _____

Does the licensee hold a valid, unrevoked, unexpired, undisciplined, and unrestricted license? YES NO

Have there been any complaints, investigations or disciplinary action taken against licensee? YES NO

If so, indicate the disposition of the complaint and the disciplinary action taken. Please include copies of any board orders, agreements or other documents showing the validity of the complaint or the type of discipline imposed. (Attach additional sheets if necessary).

STATE BOARD SEAL	SIGNATURE	DATE
	▶	
	TITLE	

* You must provide your social security number pursuant to state law. Your social security number may be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other state), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; c) to the Division of Child Support Enforcement of the Department of Social Services; and d) to the Department of Revenue pursuant to Section 324.010 RSMo. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

IMPORTANT NOTICE

Fingerprinting/Background Check Instructions

Effective July 1, 2007, the Missouri State Committee for Social Workers required that all applicants undergo a background check. Effective July 1, 2012 the Committee will be using **3M/Cogent Services** to fingerprint applicants for licensure/registration.

Individuals needing to be fingerprinted will first need to register with the Missouri Automated Criminal History Site (MACHS) at www.machs.mo.gov OR telephone 1-877-862-2425.

Upon completing the registration you will receive an 8 digit Transaction Control Number (TCN). This number will be used to track your fingerprints through the background check process. Once you have verified that the information is correct, click "Schedule Fingerprinting" to schedule an appointment with 3M/Cogent

The State Committee for Social Workers 4 digit code is **5416**.

NOTE: Do not submit fingerprint fees to the Committee office. The total background check fee (\$44.80) will be paid to 3M/Cogent.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be notified that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record. (See 28 CFR 50.12(b).)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Missouri Applicant Processing Services Applicant User Guide for State Agency and MOVECHS Fingerprint Search Requests



Changes Effective July 1, 2012



Welcome 3M/Cogent

Missouri's New Fingerprint Services Vendor

3M/Cogent Corp. has won the contract to be Missouri's new fingerprint services vendor. They will be taking the place of L-1 Identity Solutions effective July 1, 2012.

The new contract with 3M/Cogent has many benefits over the old contract including a lower cost, an expanded number of fingerprint services sites and expanded hours of operation to include evening and weekends.

3M/Cogent Fee Schedule:

Fingerprinting Fee	\$8.30
State Fee	\$20.00 (\$14.00 if fingerprinted for foster care pursuant to Section 210.487 RSMo.)
FBI Fee	\$16.50 (\$15.00 for volunteers)
Notarized Letter Fee	\$2.00 (if requested)

Note: The combined fee for applicants needing a standard State and FBI search is \$44.80 unless you qualify for one of the exceptions above. Your fee will be automatically calculated based on the 4 digit registration number that you provide.

The Missouri Automated Criminal History Site

MACHS

If you need to be fingerprinted through 3M/Cogent you must first register with the Missouri Automated Criminal History Site (MACHS).

MACHS is located at: www.machs.mo.gov

Individuals without access to the Internet may contact 3M/Cogent directly at **1-877-862-2425** to have a Fingerprint Services Representative conduct this registration on their behalf.

4 Digit Registration Number

To register with MACHS for a fingerprint search that includes a check of FBI files your employer/licensing agency must have provided you with a 4 digit registration number. This number ties all agency identifying information together to ensure that your background check response is returned to the correct agency in a timely manner.

Notarized Letters

Depending on the purpose of your background check you may have the option to request that notarized clearance letters accompany the final results. There is a \$2.00 surcharge if notarized letters are requested.

Why do I need a Registration Number?

Under the previous contract applicants were required to provide an eight digit Agency ORI Code and another OCA code in order to be fingerprinted for an FBI search! In some cases applicants were required to know a statute for reason fingerprinted as well! To simplify the process, all of the above information has been combined into a simple, easy to remember 4 digit code.

The use of this 4 digit code ensures that you will be conducting the correct type of fingerprint search and that your response is returned to the correct agency in a timely manner. If you do not have a 4 digit code you should contact your employer/licensing agency.



Registering with MACHS

To begin the registration process with MACHS go to www.machs.mo.gov and click the icon to access the MACHS Fingerprint Portal.

Reason for Request

Select the option requiring the 4 digit registration number to begin your registration process.

A screenshot of the Missouri State Highway Patrol's MACHS website. The page header includes the Missouri State Highway Patrol logo and the text: "Missouri State Highway Patrol Criminal Justice Information Services Division Missouri Automated Criminal History Site". Below the header is a navigation menu with links for "Home", "About MACHS", "Contact Us", "FAQ", and "Related Links". The main content area is titled "Getting Started" and contains the following text: "Please select the Option below that best applies to your reason for visiting this site. If none of these options applies to you or you have further questions please call us at: 1-573-526-6312". There are three radio button options: 1) "I have a 4 digit Registration Number that was provided by my employer or licensing agency. - Results will be returned to employer/agency electronically -" with a blue bar below it stating "You will be forwarded to a form to fill out once you click 'Begin' below." 2) "I am an individual needing a fingerprint based search to be returned to myself - or - My employer or licensing agency did not provide me with a 4 digit Registration Number. - Please note: If you are unsure if you need a 4 digit Registration Number please contact your employer or licensing agency. Failure to select the correct option may result in additional fees being assessed if a correction is later needed. -" 3) "I previously scheduled an appointment through MACHS to be fingerprinted and need to re-schedule my appointment." At the bottom of the form are "Begin" and "Clear" buttons. The footer of the page shows logos for "W3C XHTML 1.0" and "W3C CSS".

MACHS Applicant Registration

At the top of the registration page you should enter your 4 digit registration number in the space provided. Clicking "Populate" will automatically return a message displaying the name and identifying information of the agency for which you are registering. If the agency that populates is incorrect, please contact your employer/licensing agency to verify that you are using the correct registration number.

Once you have verified your agency information you may begin entering your personal demographic data into the spaces provided. Mandatory fields are marked by a red *. When you are finished click "Register".

At the top of the verification page an 8 digit Transaction Control Number (TCN) will be highlighted. This number will be used to track your fingerprints through the background check process.

Once you have verified that the information that you have entered is correct, click "Schedule Fingerprinting" to schedule an appointment with 3M/Cogent.

Volunteers

During registration you will be asked if your background check is being conducted for a position as a volunteer. Be sure to answer this question correctly so that MACHS can use the correct search type and fee for your purpose.

Payment

Before an appointment may be scheduled, you will need to make payment arrangements. You will have the option to pay for your fingerprint search online or at the time of your appointment.

Fingerprint Rejections

3M/Cogent and the Missouri State Highway Patrol will make every effort to ensure that your fingerprints are processed and returned to your employer/licensing agency in a timely manner. Unfortunately there are times where individual fingerprint submissions do not have adequate detail to be processed successfully. If your fingerprint submission is rejected for any reason, 3M/Cogent will contact you directly to schedule a new appointment.

Re-scheduling Appointments

Should you need to re-schedule your fingerprinting appointment due to a schedule conflict you may do so via the MACHS Fingerprint Portal by selecting the option to re-schedule.

Appointment Scheduling

Once payment arrangements have been completed, you will be required to schedule an appointment at a Cogent fingerprint services site.

After you confirm your appointment you will be provided a receipt that provides your unique transaction control number (TCN) and all appointment information. If possible you should print this page for your records.

Thank You For Using MACHS

Both the Missouri State Highway Patrol and 3M/Cogent strive to ensure that your entire fingerprinting process is as convenient and hassle-free as possible.

Questions about the fingerprinting process may be directed to:

3M/Cogent: 1-877-862-2425

Or

The Missouri State Highway Patrol: 573-526-6312

Missouri Applicant Processing Services

Missouri Procedures for Out-of-State Applicant Fingerprint Cards

Out-of-State Applicants may mail their fingerprints to Cogent for faster criminal background check processing. If not being billed, a check or money order for the Cogent fingerprinting fee and all State or FBI fees should accompany the fingerprints. For more information about fees please visit www.machs.mo.gov for a complete fee schedule.

All fingerprint cards should contain the mandatory demographic information listed below. If any of the below fields are left blank the fingerprint card will not be able to be processed and a rejection notice will be mailed back to the applicant.

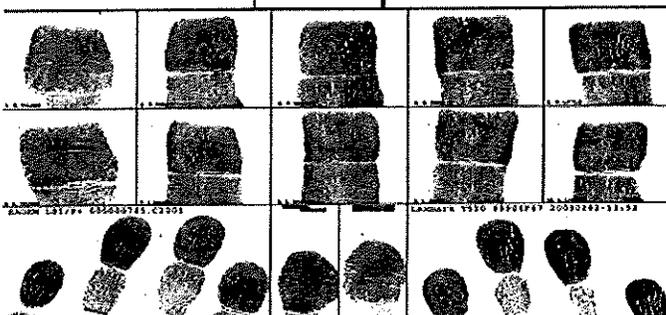
Mandatory Information that must be included on the fingerprint card:

First Name	Height
Last Name	Weight
Street Address	Hair Color
City	Eye Color
State	Race
Zip Code	Place of Birth
Date of Birth	Citizenship
Gender	Social Security Number (if a US Citizen)

If the applicant is conducting the background check for an agency that has been assigned a 4 digit registration number/agency code or for a volunteer purpose then this must be notated in the upper right hand corner of the fingerprint card. Failure to include this information on the fingerprint card will result in an incorrect type of background check being done. Additional fees may be assessed if a correction is later needed.

Sample Registration #

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK FIRST NAME LAST NAME	EA LEAVE BLANK 1234 Volunteer
REGION OF MISSOURI WHERE BORN <i>Jefferson City, MO</i> RESIDENCE OF APPLICANT (STREET ADDRESS) JEFFERSON CITY, MO 65101 SEX M DATE OF BIRTH (MM/DD/YYYY) 01/23/1959 SOCIAL SECURITY NUMBER 43-25003 PLACE OF BIRTH (CITY AND STATE) JEFFERSON CITY, MO RACE W HAIR COLOR BRN EYE COLOR BRN HEIGHT (INCHES) 70 WEIGHT (POUNDS) 170 PLACE OF BIRTH (CITY AND STATE) JEFFERSON CITY, MO CITIZENSHIP NAT SOCIAL SECURITY NUMBER 43-25003	SIGNATURE <i>John A. Johnson</i> PRINTED NAME JOHN A. JOHNSON TITLE DIRECTOR AGENCY MISSOURI STATE HIGHWAY PATROL ADDRESS 12345 MAIN ST JEFFERSON CITY, MO 65101	EMPLOYER'S NAME MISSOURI STATE HIGHWAY PATROL ADDRESS 12345 MAIN ST JEFFERSON CITY, MO 65101 PHONE NUMBER 314-555-1234 EMPLOYEE'S SOCIAL SECURITY NUMBER 43-25003 EMPLOYEE'S REGISTRATION NUMBER 1234 EMPLOYEE'S AGENCY CODE 5678	EMPLOYER'S SIGNATURE EMPLOYER'S PRINTED NAME EMPLOYER'S TITLE EMPLOYER'S ADDRESS EMPLOYER'S PHONE NUMBER EMPLOYER'S SOCIAL SECURITY NUMBER EMPLOYER'S REGISTRATION NUMBER EMPLOYER'S AGENCY CODE



Only include "Volunteer" if the background check is being conducted for a position as a volunteer.

Fingerprint cards and associated fees should be mailed to:

3M Cogent
Attn: Fingerprint Card Scan MSHP
5025 Bradenton Ave. Ste A
Dublin, OH 43017

Questions about this process may be directed to Cogent at 1-877-862-2425 or to the Missouri State Highway Patrol at 573-526-6312

Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Cogent, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or machs@mshp.dps.mo.gov