



Pharmacist License Transfer/Reciprocity Applicant Statement

MISSOURI BOARD OF PHARMACY PHARMACIST LICENSE TRANSFER/RECIPROCITY APPLICANT STATEMENT & INSTRUCTIONS

IMPORTANT INFORMATION

- Complete the Pharmacist License Transfer/Reciprocity Applicant Statement if you are a pharmacist and are applying to transfer/reciprocate your license in another state to Missouri. You are eligible to transfer/reciprocate if:
 - ✓ You graduated from a pharmacy school that is located in the United States or a United States territory;
 - ✓ You hold a current and active pharmacist license in the United States or a U.S. territory, and;
 - ✓ You have been licensed in such state/territory for at least one (1) year or you have at least 1,500 internship hours.
- Do not submit this Applicant Statement if you previously applied for license transfer/reciprocity and have failed the MPJE. A **Pharmacist Examination Retake Application** must be filed if you are applying to retest.
- All pharmacist applicants must be fingerprinted and undergo a criminal history background check. (See *fingerprint instructions below*).
- **Important Note for Foreign Graduates:** If you graduated from a pharmacy school that is not located in the United States or a United States territory, you must submit a Foreign Pharmacy School Graduate Preliminary Evaluation License Transfer/Reciprocity Applicant Statement. Do not use this form to apply for reciprocity/license transfer if you are a foreign pharmacy school graduate. See rule 20 CSR 2220-7.040 for foreign graduate licensure and certification requirements.
- If you do not qualify to reciprocate, you may apply for Missouri licensure by examination.

For additional licensing information, see the [Missouri Pharmacist Licensing FAQ](#) on the Board's website.

OVERVIEW OF TRANSFER/RECIPROCITY PROCESS

▶ STEP 1:	Submit Electronic Licensure Transfer application (reciprocity) and processing fee of \$375 to National Association Boards of Pharmacy (NABP). You must upload a clear photograph.
▶ STEP 2:	Register with NABP and submit the \$250 processing fee to take the Multistate Jurisprudence Examination (MPJE)
▶ STEP 3:	Submit the pharmacist license transfer statement with \$375 to the Missouri Board of Pharmacy
▶ STEP 4:	Complete the fingerprint/background check by registering with the Missouri Automated Criminal History System (MACHS)

* Applicants may register to take the MPJE prior to submitting this Pharmacist License Transfer/Reciprocity Applicant Statement. However, applicants will not be declared eligible to test for Missouri until all required application materials have been received.

INSTRUCTIONS FOR FILING YOUR TRANSFER/RECIPROCITY APPLICANT STATEMENT WITH THE BOARD

The following items must be submitted to the Board to complete the reciprocity/transfer process:

- **Completed Pharmacist License Transfer/Reciprocity Applicant Statement.**
- **Fee of \$375.00** made payable to the Missouri Board of Pharmacy. The fee may be a money order, cashier's check or personal check. All fees are deposited upon receipt, and are non-refundable. Deposit of the fee does not mean your application has been accepted or approved.
- **Proof of Fingerprinting:** A fingerprint receipt from the State's approved fingerprinting vendor (IdentoGo) must be attached to this application unless fingerprints were taken at a law enforcement agency outside of Missouri. (See Fingerprint Instructions section below for Out-of-State Applicant instructions.)



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- **Proof of Intern Hours:** Proof of intern hours is required only if:
 - a. You have been licensed as a pharmacist for less than one (1) year; or
 - b. The required 1,500 hours are not documented on your NABP Official Application.The required hours must be documented by the board of pharmacy in the state where the hours were earned. If the state licensing board does not certify intern hours, a verification letter identifying the number of hours earned must be received from your pharmacy school/college. Verification letters must be submitted on school letterhead and bear the appropriate seal.
- **Mail Application To:** Missouri Board of Pharmacy, PO Box 625, Jefferson City, MO 65102.

Allow three (3) weeks for processing your application. If additional information is required, you will be notified in writing. Incomplete applications or failure to completely/accurately disclose criminal history information will result in additional delay and may require additional review by the Board.

If you pass the MPJE and your application is approved, your license will be issued and your license number and status will be available on the Board's website. The Board allows applicants to use the website as proof of licensure until their printed license is received from the Board office. Your license will be mailed to the applicant address listed on your application. Please allow 3-5 days for mailing.

EXAMINATION INFORMATION

1. Transfer/reciprocity candidates must take the MPJE administered by the National Association of Boards of Pharmacy (NABP) for Missouri. The MPJE is specific to each state's laws. MPJE scores from other states cannot be accepted for licensure in Missouri.
2. Candidates must register for the MPJE with NABP. Registration applications can be submitted to NABP online at <https://nabp.pharmacy>
3. The current MPJE examination fee is \$250. Examination fees must be paid to NABP and can be paid online with a credit/debit card.
4. The Board office does not accept MPJE applications/fees. MPJE applications and fees must be submitted and paid to NABP.
5. The Board will notify NABP once you are eligible to test. *Note: Approval to test does not mean that your pharmacist license application has been approved. A final decision on your application will not be made until your test scores have been received. The Board reserves the right to deny or otherwise restrict licensure for candidates approved to test. Application and testing fees will not be refunded if your license is subsequently denied or otherwise restricted by the Board.*
6. After you have been declared eligible to test by the Board, you will receive an Authorization to Test (ATT) from NABP or NABP's approved testing vendor- Pearson VUE. The Board does not send or handle ATT forms. Questions regarding your ATT should be forwarded to NABP.
7. Instructions on scheduling a testing date, time and location will be provided when you receive your ATT. You are responsible for scheduling testing dates/times with Pearson VUE as provided in the instructions given. Exams can be taken at any Pearson VUE testing site (for a list of locations visit www.pearsonvue.com).
8. A minimum score of seventy-five (75) is required to pass the MPJE. Your test score will be electronically sent to the Board after you take the exam(s). **Allow two (2) weeks from your exam date for score results to be processed.** You will be notified in writing of your test results. Score results may also be checked online at <http://www.nabp.net/programs/examination/naplex/naplex-and-mpje-score-results/>. **Score results will not be given over the phone, by e-mail or by fax under any circumstances.**
9. If you pass the MPJE and your application is approved by the Board, your pharmacist license will be issued within 2-4 weeks. You do not need to contact the Board to request your license or to report test results. Please limit phone calls to the extent necessary.
10. If you fail to pass the MPJE, you may request to retest by submitting a Pharmacist Examination Retake Application to the Board. Applications are available online at www.pr.mo.gov/pharmacists-forms.asp. If you fail the MPJE two (2) consecutive times, the Board may establish additional training or study requirements before you are authorized to retest.



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11. For additional information on exam content, format and registration, see NABP's [MPJE Registration Bulletin](#) available online at <http://www.nabp.net/programs/examination/naplex/registration-bulletin>.

FINGERPRINT INSTRUCTIONS

To complete your application, you must be fingerprinted and undergo a criminal history background check. Fingerprinting must be conducted by IdentGo, the Board's approved fingerprinting vendor. To be fingerprinted, complete the following steps:

▶ STEP 1:	Register to be fingerprinted on the Missouri Automated Criminal History Site (MACHS) website at www.machs.mo.gov or call 844-543-9712. <u>To register, you must provide the fingerprint vendor "Registration Number: 0003."</u> Do not contact the Board to schedule a fingerprint appointment.
▶ STEP 2:	Once you are registered, you will be given a "TCN" number from MACHS online or over the phone. Write down or print your TCN number and take it with you when you are fingerprinted.
▶ STEP 3:	Find a fingerprint location by clicking on "Fingerprint Sites" on the top of the MACHS webpage located at www.machs.mo.gov . Once a preferred location is designated, you will see the location address and hours of operation. The Board does not maintain location site addresses or hours of operation. Applicants must visit the MACHS website or call the fingerprinting vendor to find a location site.
▶ STEP 4:	Take your TCN number and a valid government issued ID with you to the fingerprint location. You WILL experience a long wait at the fingerprint location if you do not register online or forget to take your TCN number to the fingerprint location.
▶ STEP 5:	Pay the fingerprint fee and get your prints taken. You must pay the fingerprint fee online or in person at the site. For verification purposes, your picture will be taken at the fingerprint site. <u>This picture cannot be used as the picture required for your application.</u>
▶ STEP 6:	After you are fingerprinted, you will be given a fingerprint receipt that shows you have been fingerprinted. <u>The receipt must be submitted to the Board with your completed application.</u> Receipts must be dated no more than ninety (90) days prior to submission of the application. If the receipt date is more than ninety (90) days from the date your application was submitted, you will be required to be re-fingerprinted and pay an additional fee.

Out-of-State Applicants: If you are outside of the state and cannot drive to a Missouri fingerprint location, please register with MACHS as indicated above and make payment online. You will then need to go to a law enforcement agency and complete two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. **Write Registration Number: 0003 on your fingerprint cards. Write your TCN number on the back of your fingerprint cards.** Mail your cards to: IdentGo, MO Cardscan Department, 6840 Carothers Pkwy, Suite 650, Franklin, TN 37067. Fingerprint cards should not be mailed to the Board. Mailed fingerprint cards take longer to process; expect longer processing times.

Click here or visit the Board's website to learn more about the fingerprint process.

QUESTIONS

Questions regarding the Pharmacist License Transfer/Reciprocity Applicant Statement may be addressed to: E-

Mail: pharmacist@pr.mo.gov
 Phone: (573) 751-0092
 Fax: (573) 526-3464

Questions regarding your Official Application, the MPJE and exam registration, and ATT should be addressed to NABP at: E-

Mail: custserv@nabp.net
 Phone: (847) 391-4406
 Fax: (847) 391-4502



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MISSOURI BOARD OF PHARMACY PHARMACIST LICENSE TRANSFER/RECIPROCITY APPLICANT STATEMENT

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	FOR OFFICE USE ONLY
		LICENSE #
		ISSUE DATE
		VOID DATE
- SEE INSTRUCTIONS FOR COMPLETION OF THIS FORM AND FINGERPRINT REQUIREMENTS - APPLICATION FEE: \$375 - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: pharmacist@pr.mo.gov or call (573)751-0092		RECEIVED DATE

APPLICANT INFORMATION				
APPLICANT NAME (LAST)	(FIRST)	(MIDDLE)	(MAIDEN)	SOCIAL SECURITY NUMBER
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
DATE OF BIRTH (MM/DD/YYYY)	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	CONTACT TELEPHONE NUMBER	
EMAIL ADDRESS				
EMPLOYMENT INFORMATION <i>(Provide the following information for your current or anticipated employment as a pharmacist, if known.)</i>				
EMPLOYER BUSINESS NAME			MISSOURI PHARMACY PERMIT NO.	
ADDRESS (STREET)			(CITY)	(STATE) (ZIP)
			EMPLOYMENT START DATE	

SPECIAL ACCOMMODATIONS
DO YOU NEED SPECIAL ACCOMMODATIONS TO TAKE THE EXAM(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, an Application for Disability Accommodation should be completed and mailed to the Board. Applications are available on the Board's website at http://pr.mo.gov/pharmacists-forms.asp.)</i>

INTERN HOURS
All applicants for pharmacist licensure must complete 1,500 internship hours that comply with 20 CSR 2220-7.025. <ul style="list-style-type: none"> • Proof of the required 1,500 internship hours is required <u>only</u> if: <ol style="list-style-type: none"> a) You have been licensed as a pharmacist for less than one (1) year; <u>OR</u> b) The required 1,500 hours are not documented on your NABP Official Application. c) You <u>do not</u> have to submit additional documentation if you have been licensed as a pharmacist for <u>more</u> than one (1) year or the required 1,500 hours are documented on your NABP Official Application. • The required 1,500 hours must be documented by the Board of Pharmacy in the state where the hours were earned. If the state licensing board does not certify intern hours, a verification letter identifying the number of hours earned must be received from your pharmacy school/college. Verification letters must be submitted on school letterhead and bear the appropriate seal.



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CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer "yes" to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer "yes" and provide an explanation.

- a. **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer "yes" to the criminal history questions and to provide an explanation even if you have received a Suspended Imposition of Sentence ("SIS") or Suspended Execution of Sentence ("SES"). An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer "yes" even if you received an SIS or an SES.
- b. If you answer "yes" to any of the criminal history questions, you must provide certified court documents that show the dates, charges and dispositions of your arrests/convictions. Typically, this would include copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case. Documents MUST be certified by the court.
- c. If you've had a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate, denied or disciplined in this state or in any other state or country, provide an explanation and a copy of any related official documents, settlement agreements or disciplinary documents.
- d. 338.185 RSMo provides: "After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed."

1. Do you have any felony or misdemeanor criminal charges pending against you in Missouri or in any other state, country or court (including federal court)? YES NO
2. Have you ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)? YES NO
3. Have you received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)? YES NO
4. Are you now charged or have you ever been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed or a suspended imposition of sentence (SIS) was received? (i.e., DUI, DWI, etc.) YES NO
5. Have you ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied in this state, or any other state or country? (*If yes, copies of any denial documents must be provided*) YES NO
6. Have you ever had a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate disciplined in this state or in any other state or country? (*If yes, copies of any disciplinary documents must be provided*) YES NO
7. Have you ever voluntarily surrendered a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate in lieu of discipline or while a complaint /investigation was pending? YES NO
8. Are you now using any drug, controlled substance or alcoholic beverage to an extent that such use may impair your ability to perform the work of a pharmacist? YES NO
9. Are you currently addicted to or dependent on alcohol or any drug (controlled or non-controlled) or other substance? YES NO



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10. In the past 10 years, have you been addicted to or dependent on alcohol or any drug (controlled or non-controlled or other substance)? YES NO
11. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice pharmacy in a safe and competent manner? YES NO
12. In the past 10 years, have you ever been adjudged insane or incompetent by or in any state, court or country? YES NO
13. Are you now or have you ever been required by any state or federal court or by any state, federal or municipal law to register as a sex offender? YES NO
14. Are you now or have you ever been placed on the List of Excluded Individuals and Entities maintained by the U.S. Department of Health and Human Services, Office of Inspector General (also known as the "OIG Exclusion List")? YES NO
15. Are you now or have you ever been placed on the Employee Disqualification List maintained by the Missouri Department of Health and Senior Services or the Missouri Department of Mental Health (even if a waiver has been granted)? YES NO

TAX COMPLIANCE

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The following tax information must be provided:

Pursuant to Section 324.010, RSMo:

- Were you a Missouri resident in any of the last 3 years? YES NO
- Did you have any Missouri income in any of the last 3 years? YES NO
- Were you subject to Missouri income tax in any of the last 3 years? YES NO

All questions must be completed. False statements are subject to criminal penalties and/or license discipline. For tax questions, contact the Department of Revenue at (573) 751-7200 or e-mail income@dor.mo.gov.

APPLICANT AFFIDAVIT

I have personally completed the foregoing application truthfully and completely. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I hereby certify under the penalty of perjury that the above statements, as well as all information provided here, are true and accurate.

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

*****STATUTES/RULES NOT COVERED ON THE MISSOURI MPJE*****

MISSOURI STATUTES*

Sec. 338.020, RSMo	Application for license-requirements, oath, penalty
338.030	Applicant-requirements for qualifications
338.035	Application, contents-intern pharmacist-board shall promulgate rules-procedure
338.040	License issued with examination, when-reciprocity -equivalency examination-fees
338.043	Temporary license-eligibility-restrictions-renewal
Sections 338.500 – 338.650	Medicaid tax, Audits, Rebate Fund

MISSOURI RULES*

20 CSR 2220-1.020	Board Compensation
20 CSR 2220-2.165	Licensure Disciplinary Agreements
20 CSR 2220-2.170	Procedure for Impaired Pharmacist
20 CSR 2220-2.180	Public Records
20 CSR 2220-4.010	General Fees
20 CSR 2220-7.010	General Licensing Rules
20 CSR 2220-7.025	Intern Pharmacist Licensure
20 CSR 2220-7.027	Approved Missouri Schools/Colleges of Pharmacy
20 CSR 2220-7.030	Pharmacist Licensure by Examination
20 CSR 2220-7.040	Foreign Graduates
20 CSR 2220-7.050	License Transfer/Reciprocity
20 CSR 2220-7.060	Score Transfer
20 CSR 2220-7.070	Temporary Pharmacist License (Post-Graduate Training)
20 CSR 2220-7.090	Fingerprint Requirements

Missouri Procedures for Out-of-State Applicant Fingerprint Cards

Go to www.machs.mo.gov to register for the criminal history background check. You must provide IdentoGo **“Registration Number: 0003.”** Please write the TCN number provided during online registration on the back of both fingerprint cards. For more information about fees please visit www.machs.mo.gov for a complete fee schedule.

Out-of-State applicants should mail their fingerprint cards to IdentoGo for criminal background check processing.

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 (Black, White, Hispanic, Indian, Asian, Other)
Zip Code	Place of Birth
Date of Birth	Citizenship
Sex (Male or Female)	Social Security Number (if a US Citizen)

The Missouri Board of **Pharmacy’s Registration Number: 0003** 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 accessed if a correction is later needed.

Sample Registration #

The form contains the following information:

- APPLICANT:** LEAVE BLANK
- TYPE OR PRINT ALL INFORMATION IN BLACK:**
 - LAST NAME: **SMITH**
 - FIRST NAME: **JOYCE**
 - MIDDLE NAME: **ANN**
 - ALIAS: **AKA SMITH, JOYCE ANN**
 - RESIDENCE: **1255 MAIN STREET, JEFFERSON CITY, MO 65101**
 - DATE OF BIRTH: **08/23/1960**
 - CITIZENSHIP: **US**
 - SEX: **F**
 - HAIR: **BRN**
 - EYES: **BLU**
 - RACE: **AS**
 - PLACE OF BIRTH: **MO**
 - REGISTRATION NUMBER: **1234 Volunteer**
 - DATE OF BIRTH: **08/23/1960**
 - SSN: **04005622**

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:

IdentoGo
Attn: Missouri CardScan Department
6840 Carothers Pkwy, Suite 650
Franklin, TN 37067

Questions about this process may be directed to I at 1-844-543-9712 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 IdentGo, 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

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- **Officials must provide to the applicant written notice¹ that his/her fingerprints will be used to check the criminal history records of the FBI.**
- **Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.**
- **Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.**
- **Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.²**

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

¹ Written notification includes electronic notification, but excludes oral notification.

² 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), 50.12(b) and 906.2(d).

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 provided written notification¹ that your fingerprints will be used to check the criminal history records 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.²

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.³

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.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ 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).