

APPLICATION CHECKLIST

TO: OT/OTA Applicant
FROM: MISSOURI BOARD OF OCCUPATIONAL THERAPY
RE: Application for Licensure as an Occupational Therapist OR Occupational Therapy Assistant

- ❑ An **Application** for Licensure as an Occupational Therapist or Occupational Therapy Assistant. Be sure to mark the appropriate box indicating the type of licensure which you are seeking and submit the appropriate fee. Make check or money order payable to the **Missouri Board of Occupational Therapy**.
- ❑ **Missouri Rules and Statutes** (OT Practice Act) - Rules and regulations governing the practice of occupational therapy. Thoroughly familiarize yourself with the statutes and board regulations which can be found under <https://pr.mo.gov/octherapy-rules-statutes.asp> RULES AND STATUTES. These provisions govern the issuance and renewal of licenses (Renewal of licenses are June 30th of the odd years) as well as the discipline of licensees who are found to be in violation of the Practice Act or board regulation.
- ❑ **Fingerprinting** is required for licensure. You may find the instructions on our website <https://pr.mo.gov/octherapy-fingerprinting.asp> which includes a 4 digit code.
- ❑ **AN NBCOT Request for Verification of Certification-** You will need to visit the website for NBCOT to apply for the National Exam (www.nbcot.org) and request a verification of certification letter. You will need to have NBCOT (the certifying entity) provide official documentation of initial certification to the board office.)
- ❑ A **Verification of Licensure** form must be completed (can be copied) and sent to other state(s) in which you are currently or previously licensed. The “**Verification of Licensure**” form should be sent for completion to the state(s), territory, province, or country regulatory entity and instructed to return directly to the Board office. (If you do not have licensure in another state, please disregard this form.)
- ❑ Missouri Occupational Therapist **Jurisprudence Exam** is to be returned with your application. All applicants are required to pass the Jurisprudence Examination with a score no lower than 80%. The completed examination should be returned directly to the Board office with the completed application. This is an open book examination. This exam is taken from the Rules and Statutes mentioned above.

Please allow the staff and/or the Board approximately one week to review your completed application file. Applicants who are approved for licensure will receive one (1) license. It is necessary for you to keep the Board apprised of your current mailing address so you may be reached with current correspondence and renewal application. See our website to enter the change under Address Change form.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE AS AN
OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY
ASSISTANT/LIMITED PERMIT HOLDER

RETURN TO:
 MISSOURI BOARD OF OCCUPATIONAL THERAPY
 P.O. BOX 1335
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE (573) 751-0877
 TDD (800) 735-2966

ot@pr.mo.gov
<http://pr.mo.gov/octherapy.asp>

INSTRUCTIONS

- Please read this form and instructions before completing. This form must be typed or printed legibly in black ink.
- Complete this form in its entirety. Failure to complete in its entirety may delay review of your application.
- Enclose the application fee in the form of a check or money order made payable to the Missouri Board of Occupational Therapy.
- Request that the certifying entity send verification of your credentials directly to the Missouri Board of Occupational Therapy. (Copies of certificates or wallet cards issued by the certifying entity are not acceptable.) A verification request form is provided with this application.
- If you are or have been licensed, certified, registered or been granted a permit as an occupational therapist or occupational therapy assistant or similar title by another state, territory of the United States, or province or country, request that verification of your license, registration, certification or permit be submitted by each state, territory, province or country upon the enclosed verification of licensure form. This form must be received directly from the other state(s), territory, country or province in which a license, certification, registration or permit was held.
- Pursuant to §620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials. A citizen of a foreign country applying for licensure with the division shall be required to submit his/her visa or passport identification number in lieu of the SSN.

Return the completed Missouri Jurisprudence Exam with the Application. This is an open book examination.

Please check the box indicating the type of licensure for which you are applying:

- OCCUPATIONAL THERAPIST** \$30.00 FEE **OCCUPATIONAL THERAPIST LIMITED PERMIT** \$10.00
- Occupational Therapy Assistant** \$10.00 fee **Occupational Therapy Assistant Limited Permit** \$10.00

FOR OFFICE USE ONLY

LICENSE NUMBER
DATE ISSUED
FEE RECEIVED
DATE DEPOSITED
CHECK NUMBER
INITIALS

APPLICANT DATA

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	FORMER/MAIDEN	E-MAIL ADDRESS
RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)			CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH		RESIDENCE TELEPHONE NUMBER	

EDUCATION

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL INCLUDING ANY AND ALL POST SECONDARY EDUCATION	CITY/STATE	DATES ATTENDED				DATE OF DEGREE AND CERTIFICATE AWARDED	DEGREE AND MAJOR COURSE OF STUDY
		FROM		TO			
		MON.	YR.	MON.	YR.		

If you have a disability and require accommodations addressed by the Americans with Disabilities Act, please notify this office at the time of application to insure that reasonable accommodations are made for your needs. Notification must be made in writing and mailed to the Missouri Board of Occupational Therapy, P.O. Box 1335, Jefferson City, Missouri 65102. Notification of special needs must be received at least thirty (30) days in advance of any scheduled examination date. The text telephone number for the hearing impaired is (800) 735-2966.

NATIONAL CREDENTIALS

I HOLD THE FOLLOWING CREDENTIALS

- OCCUPATIONAL THERAPIST REGISTERED, OTR®
- OCCUPATIONAL THERAPY ASSISTANT, COTA®

CERTIFICATION NUMBER: _____
 CERTIFICATION NUMBER: _____

HAVE YOUR CREDENTIALS EVER BEEN DISCIPLINED, SANCTIONED OR REVOKED? IF YES, EXPLAIN IN A SEPARATE STATEMENT
 YES NO

MONTH AND YEAR OF PASSING EXAM

LICENSURE HISTORY – LIST ALL STATES IN WHICH YOU HAVE EVER HELD LICENSURE AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT, USING ADDITIONAL SHEETS IF NECESSARY.

NAME OF STATE	TYPE OF LICENSE	LICENSE NUMBER	LICENSE STATUS
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? Yes No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? Yes No

General information may also be found at the Missouri Veterans Commission’s website.

IMPORTANT EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been denied a professional license, certification, registration, or permit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your license, certification, registration, or permit ever been disciplined or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever voluntarily surrendered a professional license, certification, registration, or permit?	<input type="checkbox"/>	<input type="checkbox"/>
4. If you ever held or applied for a professional license, certification, registration, or permit in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under the threat of investigation of disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been charged with or convicted of any felony whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you in the past five (5) years been charged with or convicted of any federal or state drug laws or rules whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you now, or have you in the past five (5) years been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you now being treated or have you in the past five (5) years been treated through a drug or alcohol rehabilitation program? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you in the last five (5) years been convicted, adjudged guilty by a court, pled guilty, or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any pending complaints before any regulatory board or agency?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SWORN 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 as an occupational therapist, occupational therapy assistant, or limited permit holder 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 of occupational therapy subject to the rules and regulations of the Missouri Board of Occupational Therapy. I subscribe and agree to abide by all applicable laws and rules regarding the practice of occupational therapy. I hereby certify that I have familiarized myself with sections 324.050 - 324.089 RSMo, known as the Occupational Therapy Practice Act and applicable rules promulgated by the Missouri Board of Occupational Therapy.

Enclosed is the application fee which is not refundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

SIGNATURE

DATE

FOR OFFICE USE ONLY – DO NOT WRITE ON THIS PAGE

PERMIT NUMBER (IF APPLICABLE)		LICENSE NUMBER		
LAST NAME		FIRST NAME		MIDDLE
ITEM	DATE	FEES & SCORES		PROBLEMS CLARIFIED
APPLICATION RECEIVED				
APPLICABLE FEE RECEIVED				
APPLICATION SIGNED & NOTARIZED				
VERIFICATION OF NATIONAL CERTIFICATION				
VERIFICATION OF STATE LICENSURE				
MISSOURI JURISPRUDENCE EXAM RECEIVED				
ADDENDUM TO ORIGINAL APPLICATION				
DATE APPLICATION COMPLETED				
DATE ORIGINAL LICENSE ISSUED				
LIMITED PERMIT HOLDER				
FINGERPRINTS				
VERIFICATION OF ELIGIBILITY TO SET FOR EXAM				
DATE ORIGINAL PERMIT ISSUED		EXTENDED THROUGH		EXPIRED DATE
DATE OF FIRST AVAILABLE EXAMINATION		PASSED SCORE		FAILED SCORE
DATE RENEWAL PERMIT ISSUED		VALID THROUGH		
DATE OF SECOND AVAILABLE EXAMINATION		PASSED SCORE		FAILED SCORE
DATE VOIDED PERMIT RECEIVED				
SENT OT PRACTICE ACT				
SENT NEWSLETTER				
COMMENTS AND/OR PROBLEMS:				



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

MISSOURI BOARD OF OCCUPATIONAL THERAPY
 P.O. BOX 1335
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE (573) 751-0877
 TDD (800) 735-2966

APPLICANT INSTRUCTIONS:

Please complete Section I and mail this form to each state, United States Territory, province, or country that you have or ever have had a license/certification/registration/temporary permit to practice occupational therapy. This verification must be returned to the Missouri Board of Occupational Therapy within ninety (90) days of your application. Some states require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), United States Territory, province, or country. This form may be duplicated as necessary.

SECTION I - TO BE COMPLETED BY THE APPLICANT

NAME FIRST	MIDDLE	LAST	SUFFIX	FORMER/MAIDEN)	DAYTIME PHONE NUMBER
------------	--------	------	--------	----------------	----------------------

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF LICENSE/CERTIFICATION/REGISTRATION/PERMIT HELD <input type="checkbox"/> OTR <input type="checkbox"/> COTA	NUMBER ISSUED
--	---------------

SOCIAL SECURITY NUMBER	DATE OF BIRTH
------------------------	---------------

The Missouri Board of Occupational Therapy requests that I submit evidence of my license/certification/registration/permit in your state. You are hereby authorized to release any information in your possession pertaining to me directly to the Missouri Board of Occupational Therapy, PO Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE	DATE
---------------------	------

SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY

TYPE OF REGULATION <input type="checkbox"/> LICENSE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REGISTRATION <input type="checkbox"/> PERMIT HOLDER	STATE OF
--	----------

LICENSE NUMBER	<input type="checkbox"/> OT <input type="checkbox"/> OTA	ISSUE DATE	EXPIRATION DATE
----------------	---	------------	-----------------

LICENSE WAS ISSUED ON THE BASIS OF

NBCOT State Examination Education Grandfather Clause

Other (please explain)

HAS THE APPLICANT'S LICENSE EVER LAPSED?

YES NO IF YES, PLEASE EXPLAIN.

HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY?

YES NO IF YES, PLEASE EXPLAIN.

DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS?

YES NO IF YES, PLEASE EXPLAIN.

SIGNATURE	DATE	PLEASE AFFIX BOARD SEAL
TITLE		
NAME OF STATE BOARD		

Name: _____

Date: _____

MISSOURI BOARD OF OCCUPATIONAL THERAPY
JURISPRUDENCE EXAMINATION

(This open book examination is testing your knowledge from the OT Practice Act and Rules OR from the website of <http://pr.mo.gov/octherapy.asp> under RULES AND STATUTES. Please complete all 20 questions and return to the address above with your application and fee.)

1. According to statute section 324.056, who is required to hold a license from the Missouri Board of Occupational Therapy in order to practice?
 - a.) Any person who practices occupational therapy or hold himself or herself out as an Occupational Therapist or Occupational Therapy Assistant;
 - b.) Anyone who has ever practiced occupational therapy;
 - c.) Any person who holds himself or herself out as an Occupational Therapist, Occupational Therapy Assistant, or Occupational Therapy Aide;
 - d.) Any person who provides and applies rehabilitative technology, environmental adaptation, or ergonomic principals.

2. State regulation 20 CSR 2205-1.040 Section (3) allows for anonymous complaints to be given over the telephone.
 - a.) True;
 - b.) False

3. State regulation 20 CSR 2205-4.010 mandates that documentation written by an Occupational Therapy Assistant must be co-signed by an Occupational Therapist.
 - a.) True;
 - b.) False

4. According to statute section 324.086 when a licensee, permit holder or applicant has been found guilty of unprofessional conduct which has endangered or is likely to endanger, the health, welfare or safety of another person, the division in collaboration with the board may:
 - a.) Refuse to issue or renew a license;
 - b.) Suspend or revoke a license or permit;
 - c.) Place a licensee or permit holder on probation;
 - d.) All of the above

5. State regulation 20 CSR 2205-3.070 states that Occupational Therapists licensed in Missouri must use one of the following titles: OT/L or OTR/L.
 - a.) True;
 - b.) False

6. According to state regulation 20 CSR 2205-1.010, a limited permit authorizes an individual to:
 - a.) Practice only on a limited or part time basis;
 - b.) Practice as an Occupational Therapy Aide and under the supervision of an Occupational Therapist;
 - c.) Submit an application in the licensure process;
 - d.) To practice occupational therapy under the supervision of an Occupational Therapist while being eligible to sit for his/her first examination.

7. According to state regulation 20 CSR 2205-3.040, how often must licenses be renewed?
 - a.) Every year;
 - b.) Every two years;
 - c.) Every year for Occupational Therapists and every two years for Occupational Therapy Assistants;
 - d.) Every two years for Occupational Therapist and every year for Occupational Therapy Assistants.

8. According to state regulation 20 CSR 2205-1.060, a licensed Occupational Therapist, Occupational Therapy Assistant or a limited permit holder must submit a change of legal name and address within five (5) working days.
 - a.) True;
 - b.) False.

9. According to state regulation 20 CSR 2205-5.010, a licensee is not required to take all necessary and reasonable steps, including but not limited to, continuing education in order to maintain continued competency in the practice of occupational therapy.
 - a.) True;
 - b.) False.

10. According to state regulation 20 CSR 2205-3.060, reinstatement of a license which has lapsed may occur if payment of the renewal fee, late renewal penalty, and a completed renewal form are submitted within:
 - a.) Six (6) months of the expiration date;
 - b.) One (1) year of the expiration date;
 - c.) Two (2) years of the expiration date;
 - d.) The current fiscal year.

11. According to state regulation 20 CSR 2205-3.070, individuals who hold a limited permit as an Occupational Therapy Assistant in Missouri must use the following:
 - a.) OTA Limited Permit;
 - b.) OTA;
 - c.) COTA Limited Permit;
 - d.) OTA/L.

12. State regulation 20 CSR 2205-1.010 (3) defines Limited Permit holder - an individual that has been issued a limited permit by the board to practice occupational therapy under the supervision of an Occupational Therapist.
 - a.) True;
 - b.) False.

13. State regulation 20 CSR 2205-4.030 enables Occupational Therapy Aides to provide unsupervised maintenance and restorative services to patients.
 - a.) True
 - b.) False

14. According to state regulation 20 CSR 2205-6.020 which of the following are considered unprofessional conduct and may result in discipline of a licensee:
 - a.) Failure to exercise appropriate supervision;
 - b.) Failure to follow policies and practices designed to safeguard patient/client care;
 - c.) Sexual intimacy with a patient/client;
 - d.) All of the above.

15. According to state regulation 20 CSR 2205-4.030, what level of supervision must the Occupational Therapist or Occupational Therapy Assistant provide to an Occupational Therapy Aide when patient/client care is involved.
 - a.) Direct supervision as needed;
 - b.) Direct supervision at all times;
 - c.) Limited supervision at all times;
 - d.) Limited supervision as needed

16. According to state regulation 20 CSR 2205-4.020(5), an Occupational Therapy limited permit holder may supervise an Occupational Therapy Assistant or Occupational Therapy Assistant limited permit holder.
 - a.) True;
 - b.) False.

17. According to state regulation 20 CSR 2205-1.050, duplicate licenses may be provided by submitting a request in writing and the fee of:
 - a.) No fee required;
 - b.) Ten (10) dollars;
 - c.) Five (5) dollars;
 - d.) One (1) dollar.

18. According to state regulation 20 CSR 2205-3.050 and 324.080, once a licensee requested that his or her license be placed on inactive status, that person may:
 - a.) Practice as an Occupational Therapist only on a part time basis in the State of Missouri;
 - b.) Practice as an Occupational Therapist only under the supervision of an Occupational Therapist with an active license;
 - c.) Not practice as an Occupational Therapist in the State of Missouri;
 - d.) Not practice as an Occupational Therapist in any of the United States.

19. State regulation 20 CSR 2205-4.010(3)(G) allows an Occupational Therapy Assistant to write discharge plans.
 - a.) True;
 - b.) False.

20. According to state regulation 20 CSR 2205-4.010, an Occupational Therapist may supervise more than four Occupational Therapy Assistants.
 - a.) True;
 - b.) False

IMPORTANT NOTICE

TO: Applicants

FROM: Vanessa Beauchamp, Executive Director

RE: Criminal Background Checks – Fingerprinting Requirements

DATE: February 24, 2021

The Missouri Board of Occupational Therapy uses IdentoGo to fingerprint applicants for licensure/registration.

The Occupational Therapy 4 digit code is **6351** (for ALL applicants within or outside Missouri).

- **Individuals needing to be fingerprinted WITHIN the State of Missouri.**
 - ❖ Applicants will need to register with the Missouri Automated Criminal History Site (MACHS) at www.machs.mo.gov OR telephone 1-844-543-9712 (IDEMIA).
 - ❖ Upon completing the registration you will be routed to the IdentoGo website for selection of fingerprint card processing.
 - ❖ 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.
 - ❖ An email notification will be sent once registration has been complete with a link to a Printable Service Summary and basic instructions

- **Individuals needing to be fingerprinted OUTSIDE of the State of Missouri.**
 - ❖ Applicants will need to contact the office via email ot@pr.mo.gov to request a fingerprint card (FD-258) to be mailed directly to them via postal service.
 - ❖ Out-of-state applicants will take their fingerprint cards to their local law enforcement office for fingerprinting. The fingerprints may be traditional ink rolled or LiveScan.
 - ❖ Upon completing the card requirements, applicants will need to register with the Missouri Automated Criminal History Site (MACHS) at www.machs.mo.gov OR telephone 1-844-543-9712 (IDEMIA).
 - ❖ Upon completing the registration you will be routed to the IdentoGo website for selection of fingerprint card processing.
 - ❖ Mail the signed pre-enrollment confirmation page and the completed fingerprint card to the below address:
 - **Prints Inc.-IdentoGo Missouri Card Scan Operations**
100 Salem Court
Tallahassee, FL 32301

NOTE:

DO NOT submit fingerprints or fingerprint fees to the Board office.



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: _____

Agency Name: _____

Agency ORI: _____ Agency OCA: _____

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [Click here to register with the fingerprint portal](#)
3. Click on the "blue box" [Click here to register with MACHS](#)
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

Missouri Non-Resident Cardscan

Universal Enrollment Platform Processing Overview

Cardscan processing is available for those applicants residing outside of Missouri or physically unable to visit an IdentoGo location. In order to complete the process, applicants must complete the following steps.

1. An Applicant should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink rolled fingerprints on a FBI (FD-258) fingerprint card or LiveScan fingerprints printed to a FBI (FD-258) fingerprint card.

Please provide the following information to the technician capturing the fingerprints

- **Capturing Four-Finger Slaps:**

- Fingers must be placed vertically, straight up-and-down, when capturing the four-finger slaps as depicted to the right:
- Missouri State Highway Patrol will reject or refuse to process any fingerprint cards that have the four finger slap prints at an angle.



- **Capturing Individual Fingers:**

- Each finger and thumb will need to be rolled completely from one side of the fingernail to the other side of the fingernail.
- Missouri State Highway Patrol will reject and refuse to process any fingerprint card that contains non-rolled fingerprints.

- **Submitting Fingerprint Cards:**

- Fingerprints may be submitted on standard FD-258 FBI applicant cards
- The fingerprint card must be completely filled-out in legible print. The following information must be included or the Fingerprint Card will not be processed:
 - ✓ Full name
 - ✓ Date of birth
 - ✓ Social Security Number
 - ✓ Home address
 - ✓ Sex
 - ✓ Height
 - ✓ Weight
 - ✓ Hair color
 - ✓ Eye color
 - ✓ Place of birth (state or country only)
 - ✓ Citizenship



2. Once fingerprints are captured on a fingerprint card and the individuals demographic data is completely filled-out on the fingerprint card, please follow the steps listed below:
 - Pre-enroll on the MACHS system at www.machs.mshp.dps.mo.gov/.
 - After registering, the applicant will be routed to the IdentoGO website for selection of Fingerprint Card Processing.
 - i. All processing fees will be collected during the pre-enrollment process.
 - ii. A pre-enrollment confirmation page will be provided once registration is complete.
 - Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page.
 - Mail the signed pre-enrollment confirmation page and the completed fingerprint card to:

IdentoGO

Cardscan Department – Missouri Program

340 Seven Springs Way, Suite 250

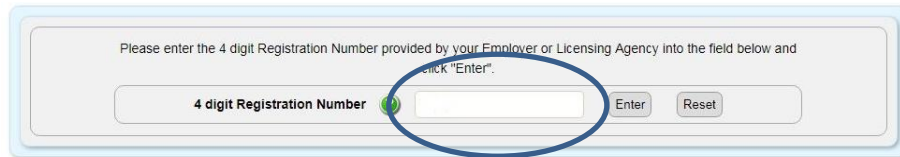
Brentwood, TN 37027

- For further instructions, each applicant should contact their employer or agency contacts for those details.

Please review the following pages for more detailed instructions regarding the Universal Enrollment Platform Pre-Enrollment process. More information can be found on the IdentoGo Missouri website, found at <https://www.identogo.com/locations/missouri>.

Directions for Pre-enrollment and Payment – Required for ALL Fingerprint Cards

1. Complete registration on the MACHS page (www.machs.mshp.dps.mo.gov/) using the 4-digit registration code provided by the requesting agency.



Please enter the 4 digit Registration Number provided by your Employer or Licensing Agency into the field below and click "Enter".

4 digit Registration Number Enter Reset

2. After entering their demographic information is complete, applicant will be routed to the Identogo page for completion.
3. Confirm information displayed is correct.



Please confirm the person being fingerprinted below:

Name: Tester T TESTI/Mercado Jr
Agency: Foster Adopt Connect
TCN: T123456789

Incorrect Correct

4. Select "Register for Fingerprint Card Processing Service".

Fingerprinting & Enrollment Services

For Licensing, Certification or Employment requirements in Missouri



For Digital Fingerprinting Services (Live Scan)
To register for digital fingerprinting services at an Identogo enrollment center, click the button below:

Register for Digital Fingerprinting Services

To Mail in Your Fingerprint Card
To register to send your prints through the mail, click the button below: You will be asked to mail your fingerprint cards to Identogo after payment is made. Only out of state residents or individuals physically unable to be digitally printed are able to use this option.

Register for Fingerprint Card Processing Service

5. Confirm you would like to submit Fingerprint Cards by clicking "yes".
6. Confirm Date of Birth by re-entering applicant Date of Birth, then click "Next".

7. Pay using an authorization code provided by agency or employer, or pay with credit card. Once payment information has been entered, click "Submit".

IdentoGO English

Missouri

Essential Info → Payment

Enter Payment Information

Please enter your payment information below. Then click "Next" to complete your transaction or "Cancel" to exit.

Apply Authorization Code

Authorization Code

2103J2 - Missouri	\$20.50
Total Amount Due	\$20.50 (non-refundable)

Pay With Credit Card

We Accept:

* Name on Card * Credit Card Number

* Month * Year * CSC/CVV

8. Once you have submitted your payment, you will be directed to the final registration page. You will need to complete sections 2 and 3 after printing. Submit this page along with your fingerprint card for processing to the address listed in Section 4. An example of the final screen is shown below.

IdentoGO English

Service Summary

Missouri

2 (of 4) - 2024 AUTHORIZATION

1 (of 4) - 2024 AUTHORIZATION

3 (of 4) - PROVIDER/PLUGGANT CONTACT INFORMATION

4 (of 4) - MAIL DOCUMENTS

Please mail the following documents to the address provided below:

1. This printed and signed document.
2. Completed fingerprint card.

NOTES: If your agency requires a Social Security number, please be sure to write the number on the fingerprint card or your fingerprint will not be processed and the packet will be returned to your contributor agency.

IDENTOGO
GAROGRA DETACHMENT
8840 CAROLYNES IRWAY STE 400
FARMERSVILLE, TN 37041-0608

© 2017 Identogo, Inc. All rights reserved.
Missouri



9. An e-mail notification will be sent once registration has been complete with a link to a Printable Service Summary and basic instructions.



Service Details:

Customer:	Hubert B Wolfeschlegelsteinhausenbergerdorff
UE ID:	UZ3R-12VX5S
TCN:	20180614f
OR:	UEP500000
Service:	2H529S - MO Demo Full State and FBI Fees

This email confirms you have requested your fingerprint-based background check to be done by submitting a Fingerprint Card. In order to process your request, please mail the following documents:

1. The printed and signed IdentoGO registration summary page
2. Completed fingerprint card

The mailing instructions are on the registration summary page.

[Click here to view your printable summary page](#)

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 employment or a 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. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must provide to the applicant written notification¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials must ensure that an applicant receives, and acknowledges receipt of, an adequate Privacy Act Statement when the applicant submits his/her fingerprints and associated personal information.²
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the employment, 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 update of an FBI criminal history record are set forth at 28 CFR 16.34.
- Officials should not deny the employment, 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.³

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 <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

Privacy Act Statement

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.

As of 03/30/2018