



## Application Checklist for Foreign-Educated Graduates *Required Professional Experience* *Speech-Language Pathologists*

Visit our [Frequently Asked Questions](#) page (link available under the Applicant/Registrant tab) for more information. If you need additional assistance, please email the Board at [speechandhearing@dca.ca.gov](mailto:speechandhearing@dca.ca.gov)

*Items 1 – 5 must be submitted and on file before documentation can be placed in queue for out-of-country education review for acceptable equivalency by a Board Subject Matter Expert.*

### 1. Application

- Please answer all questions.

### 2. Fees

- Check or Money Order to the Board for \$35, made payable to SLPAHADB.

### 3. Report of Clinical Practicum (Foreign-Educated Applicants)

- Must be completed by the university's current training program director with original signature. Please include with the application. A completed and signed form should also be submitted from the university to the evaluation service along with official transcripts.

### 4. Syllabi in English for All Undergraduate and Graduate Courses

- Can be submitted with application or can be emailed as PDF attachments immediately after application filing.

### 5. Coursework Evaluation Report

- Course-by-course evaluation must include certified transcript copies and should be sent directly to the Board from an accredited foreign credentials evaluation service OR included in evaluation service-sealed envelope in the application package.

*Please note that items 3-5 will be placed in queue for licensed Subject Matter Expert out-of-country education review based on the final required documentation received date. The amount of time the materials spend in queue is highly variable and depends on Subject Matter Expert availability.*

***Once your coursework is approved by a licensed Subject Mater Expert, you will be sent an email to continue with the application process and submit items 6 – 9. Items 6-8 must be submitted together.***

### 6. Application to Supervise a Temporary RPE – Foreign-Educated

### 7. Copy of Front and Back of Social Security Card

- Please remember to sign your card.

### 8. Fingerprints

- California applicants are required to use Live Scan for fingerprinting. Fees are paid directly to the Live Scan operator. Most applicants use this preferred method. Please submit a copy of the completed form.
- Out-of-State/Country applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee). The template is located under the Forms/Publications tab.
  - One (1) check or money order in the amount of \$84 (\$35 application fee and \$49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

### 9. National Exam Score

- Effective 09/01/2014, minimum passing score of 162.
- Must be passed within the five years prior to application filing or during the RPE.
- Must be sent to the Board electronically from Praxis/ETS to reporting code **8544**.



PART A – Continued				
13. UNDERGRADUATE AND GRADUATE PROGRAMS				
INSTITUTION NAME	LOCATION/ COUNTRY	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED
			YES	NO
11. Have you passed the Educational Testing Service/National Teacher Examination (NTE) (The Praxis series) in Speech-Language Pathology within the last five years?				
12. Have you completed any portion of your CFY/RPE in another state?				
13. Have you ever been licensed to practice Speech-Language Pathology in any state or country? If yes, list the state(s) or country? _____ If yes, list your license number(s): _____				
DISCIPLINARY INFORMATION <i>A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.</i>				
			YES	NO
14. Have you ever been the subject of a disciplinary action or have any <i>pending</i> disciplinary action taken, or charges filed against, any Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts license, including any disciplinary action taken by any other state or federal government entity? <i>This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i>				
15. Do you have any pending investigations by any state or federal agencies against you?				
16. Have you been denied a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or any other healing arts profession, in any state or country?				
17. Have you voluntarily surrendered a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or any other healing arts, in another state or country?				

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application or for suspension or revocation of a license.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INFORMATION COLLECTION AND ACCESS:** The information requested on this application is mandatory and will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory, and collection is authorized by Business and Professions section 30. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of \$100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.



## APPLICATION TO SUPERVISE A TEMPORARY RPE Foreign Educated

**INSTRUCTIONS:** Do not print this application double-sided. Applicant completes **Part A** and supervisor completes **Part B**. DO NO USE WHITE-OUT. Any corrections to this form must be crossed out and initialed.

**Professional services can only start upon the issuance of the RPE temporary license.**

### PART A – Personal Information

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. PERSONAL TELEPHONE:		BUSINESS TELEPHONE:	
5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):			
6. DATE OF BIRTH: (MM/DD/YYYY)			
7. EMAIL ADDRESS:			

### PART B – To be completed by the RPE Supervisor

Refer to Title 16, California Code of Regulations, Section 1399.153.3 for supervisor's responsibilities.

8. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
9. BUSINESS TELEPHONE:		SLP LICENSE NUMBER/ CTC CREDENTIAL NUMBER:	
10. EMAIL ADDRESS:			
11. PROPOSED START DATE: AS SOON AS APPROVED _____ FUTURE DATE: _____			
<b>Professional services can only start upon the issuance of the RPE temporary license.</b>			
12. NUMBER OF RPE EMPLOYMENT HOURS PER WEEK: <input type="checkbox"/> 30-40 (FULL-TIME) <input type="checkbox"/> 15-29 (PART-TIME)			

## PART B – Continued

13. LIST OF LOCATION(S) WHERE FUNCTIONS WILL BE PERFORMED: (DO NOT PROVIDE CONTRACT AGENCY NAME AND ADDRESS)		
FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE
FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE
FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE
14. IS/ARE THE SETTING(S) LISTED IN QUESTION #13 A SCHOOL SETTING? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
IF YES, IS THE RPE: <input type="checkbox"/> A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL OR COUNTY OFFICE OF EDUCATION.		
<input type="checkbox"/> PAID BY A CONTRACT AGENCY AND PLACED IN THE SCHOOL.		
15. SUPERVISION:		
<input type="checkbox"/> THE RPE WILL BE WORKING FULL-TIME AND I AGREE TO PROVIDE EIGHT HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST FOUR OF THE EIGHT HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.		
<input type="checkbox"/> THE RPE WILL BE WORKING PART-TIME AND I AGREE TO PROVIDE FOUR HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST TWO OF THE FOUR HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.		

I, the RPE applicant, have discussed the plan for supervision with this supervisor and agree to its implementation. I will not provide professional services until I have been issued an RPE temporary license. I further certify under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct. Any misrepresentation may be cause for denial of my license.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

I, the RPE supervisor, have discussed the plan for supervision with the RPE applicant and hereby accept professional and ethical responsibility for his or her performance. I understand that professional services cannot be rendered until an RPE temporary license has been issued. I further certify under penalty of perjury under the laws of the State of California that all statements made in Part B are true and correct.

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

## REQUIRED PROFESSIONAL (RPE) TEMPORARY LICENSE

### ✦ Duties and Responsibilities of Applicant ✦

**RPE temporary license applicant must read and sign this form under the penalty of perjury.**

- 1) I have read and understand the laws and regulations pertaining to the responsibilities of an RPE temporary license holder.
- 2) My supervisor shall maintain a current license issued by the Board during the time of my supervision. If my supervisor's license expires during the course of professional experience, then I will immediately notify the board. *A supervisor's license may be verified at any time on the Board's website.*
- 3) I understand that my work plan can be 36 weeks of full-time professional experience (defined as 30-40 hours per week) with at least eight hours of direct monitoring per month or 72 weeks of part-time professional experience (defined as 15-29 hours per week) with at least four hours of direct monitoring per month.
- 4) If there is a break in professional experience due to a medical reason, then it is my responsibility to notify the Board of the exact dates of the absence. I will not receive credit for the break in professional experience.
- 5) At the time of supervision completion, I will ensure that my supervisor completes the RPE Verification Form and submits within 10 days of supervised experience completion or change in supervision.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINTED FULL LEGAL NAME OF APPLICANT

\_\_\_\_\_  
DATE

---

---

### ✦ Duties and Responsibilities of Supervisor ✦

**RPE applicant supervisor must read and sign this form under the penalty of perjury.**

- 1) I possess the qualifications to supervise an RPE applicant: a California SLP license; or (if employed by a public school) a clear and valid teaching credential authorizing service in language, speech, and hearing issued by the California Commission on Teacher Credentialing.
- 2) I agree to ensure that either my SLP California license or my teaching credential is renewed in a timely manner. Failure to do so could result in a loss of credit for professional experience by the RPE.
- 3) I agree to provide eight hours direct monitoring per month for each full-time RPE (defined as 30-40 hours per week) and four hours direct monitoring per month for each part-time RPE (defined as 15-29 hours per week).
- 4) I will not supervise a greater number than three RPE's at any one time pursuant to California Code of Regulations Section 1399.153.4.
- 5) I will immediately notify the RPE of any disciplinary action against my license, including revocation, suspension (even if stayed), probation terms, inactive status, or lapse in licensure that affects my qualification to supervise.
- 6) I have read and understand the laws and regulations pertaining to the supervision of the RPE and the professional experience required.
- 7) I will ensure that the extent, type, and quality of the clinical work performed is consistent with the training and professional experience of the RPE and shall be accountable for the assigned duties performed by the RPE.
- 8) At the time of supervision completion, I will complete the RPE Verification Form. I will submit the originally signed form to the Board within 10 calendar days of supervised experience completion or termination of supervision.
- 9) I have completed the initial six hours of continuing professional development in supervision training and will complete three hours every four years thereafter.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
PRINT FULL LEGAL NAME OF SUPERVISOR

\_\_\_\_\_  
LICENSE NO. OR  
CREDENTIAL NO.

\_\_\_\_\_  
DATE



## **PRAXIS EXAMINATION INFORMATION SPEECH-LANGUAGE PATHOLOGY: FOREIGN EDUCATED**

All applicants must submit a passing score on the required specialty examination.

Effective September 1, 2014, the minimum passing score for Speech-Language Pathology is 162.

These examinations are offered at several sites throughout California, the United States, and internationally according to an annual schedule set by the Education Testing Service.

Applications may be obtained from:

The Praxis Series  
Educational Testing Service  
P.O. Box 6051  
Princeton, NJ 08541-6051  
(609) 771-7395

The examination may be taken and passed any time within the five-year period prior to filing an application for permanent licensure or it may be taken while the Required Professional Experience (RPE) is being completed. It takes approximately six weeks for ETS to process and send out scores. It is not recommended that you wait until the end of your RPE to sit for the examination. There are no limits on the number of times the examination may be taken.

***Failure to submit passing scores to the Board before completion of the RPE will result in the delay of full licensure.***

When filing for the examination, please arrange to have a copy of your score sent electronically to the Board using the following Reporting Code: **8544**.

**NOTE:** As defined in the California Code of Regulations Section 1399.153.10 (a)" .....Under no circumstances will the Board reissue or extend a temporary license because of failure by the requestor, within the initial RPE Temporary License period, to submit the required licensing documentation or because of a failure by the requestor to take and pass the licensing examination as specified in Section 1399.152.3."

## **UNDERGRADUATE & GRADUATE COURSE CONTENT**

The Board's Subject Matter Expert will review the course-by-course evaluation report and syllabi to determine if the below required *course content* has been met. The report and syllabi should clearly identify that all items in the course content listed below have been met. Please provide the international credential evaluation service with official transcripts sent directly from the universities identifying the required topics. The evaluation report, syllabi, and Clinical Practicum: Foreign-Educated are evidence that you have obtained the required knowledge and skills to be temporarily licensed as a Speech-Language Pathologist RPE in the State of California. [CCR 1399.152(b) and 1399.152(e)]

Acoustics of Speech	Aural Rehabilitation	Fluency	Physical Science Course
Adult Language: Receptive/Expressive Aphasia/Traumatic Brain Injury	Articulation/Phonology	Language Development	Social/Behavioral Science Course
Anatomy of Physiology of Hearing	Biological Science Course	Motor Speech Disorders	Social Aspects (Autism)
Anatomy of Physiology of Speech	Child Language: Receptive/Expressive Semantics/ Syntax/Morphology/Phonology	Neurological Aspects of Language	Speech Development
Anatomy of Physiology of Swallowing.	Clinical Methods	Neuroanatomy	Statistics(Mathematical)
Audiology/Audiometry	Communication Modalities (Augmentative and Alternative Communication)	Phonetics	Swallowing/Dysphagia
		Psychoacoustics of Hearing	Voice & Resonance

*Based on the Council for Clinical Certification (CFCC) in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA)*

## **CLINICAL EXPERIENCE**

You must have worked the clinical practicum in at least three different age ranges across the life span. A minimum of 300 clock hours are required. All clock hours must have been supervised by a Speech-Language Pathologist. Please list the number of hours for each age range.

Birth to 5 years of age	
6 years of age to 22 years of age	
23 years of age to 61 years of age	
62+ years of age	
Total Hours	

*Based on the Council for Clinical Certification (CFCC) in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA)*

## **CREDENTIAL EVALUATION SERVICES**

Below are examples of California agencies that determine United States equivalency of education obtained outside of the United States. These agencies are approved by the American Speech-Language-Hearing Association (ASHA) and are members of the National Association of Credential Evaluation Services (NACES), an association of private foreign credential evaluation services dedicated to promoting excellence and committed to setting the standard for their profession.

The report must be sent to the Board directly from the agency or submitted in the evaluation-sealed envelope with application.

**Education Records Evaluation Service, Inc.**  
Sacramento, California

**International Education Research Foundation, Inc.**  
Culver City, California

**Center for Applied Research, Evaluation, and Education, Inc.**  
Anaheim, California



## **REPORT OF CLINICAL PRACTICUM – SPEECH-LANGUAGE PATHOLOGY APPLICANT: FOREIGN-EDUCATED**

**INSTRUCTIONS:** This form should be submitted with the application package and also supplied with the official transcripts sent by the university to the foreign credentials evaluation service. The current Training Program Director is required to complete and sign this form. A separate form must be completed for each college or university.

**REQUIREMENTS:** Licensure requires a minimum of 300 clock hours in clinical practicum to be completed in at least three (3) different age ranges across the life span. Clock hours must have been supervised by a Speech-Language Pathologist. Please list the number of hours for each age range and subject below. Please note that a maximum of 25 hours may be obtained in a field other than that for which the applicant is seeking licensure.

### **UNIVERSITY & TRAINING PROGRAM DIRECTOR INFORMATION**

<b>FOREIGN APPLICANT'S FULL NAME:</b>
<b>COLLEGE OR UNIVERSITY NAME:</b>
<b>CURRENT TRAINING PROGRAM DIRECTOR NAME:</b>
<b>EMAIL ADDRESS OF CURRENT TRAINING PROGRAM DIRECTOR:</b>

### **CLINICAL PRACTICUM INFORMATION**

	Birth to 5 years of age	6 to 22 years of age	23 to 61 years of age	62 years of age and over
<b>1. Articulation</b>				
<b>2. Fluency</b>				
<b>3. Voice and Resonance:</b> <ul style="list-style-type: none"><li>Including respiration and phonation</li></ul>				
<b>4. Receptive and Expressive Language</b> <ul style="list-style-type: none"><li>Including phonology, morphology, syntax, prelinguistic, communication, and paralinguistic communication in the areas of speaking, listening, reading, and writing</li></ul>				
<b>5. Hearing</b> <ul style="list-style-type: none"><li>Including the impact on speech and language</li></ul>				
<b>6. Swallowing</b> <ul style="list-style-type: none"><li>Oral, pharyngeal, esophageal, and related functions, including oral function for feeding and orofacial myofunction</li></ul>				
<b>7. Cognitive Assessments of Communication</b> <ul style="list-style-type: none"><li>Attention, memory, sequencing, problem-solving, executive functioning</li></ul>				
<b>8. Social Aspects of Communication</b> <ul style="list-style-type: none"><li>Challenging behavior, ineffective social skills, lack of communication opportunities, autism</li></ul>				
<b>9. Augmentative and Alternative Communication Modalities</b> <ul style="list-style-type: none"><li>Including oral, manual, augmentative and alternative communication techniques, and assistive technologies.</li></ul>				

I hereby certify under penalty of perjury that all statements made herein are true in every respect and misstatements or omissions of material facts may be cause for denial of the application, or for suspension or revocation of a license.

\_\_\_\_\_  
Signature of Current Training Program Director

\_\_\_\_\_  
Printed Name of Current Training Program Director

\_\_\_\_\_  
Date



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0437

ORI (Code assigned by DOJ)

Speech Pathologist

License

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Agency Authorized to Receive Criminal Record Information

1601 Response Road, Suite 260

Street Address or P.O. Box

Sacramento

City

CA

State

95815

ZIP Code

06187

Mail Code (five-digit code assigned by DOJ)

N/A

Contact Name (mandatory for all school submissions)

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing  
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.  
Number

Applicant Must Pay At Site

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: 7700 SLP/AU

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Not Applicable

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

---

### Privacy Act Statement

**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.



## REQUEST FOR LIVE SCAN SERVICE

### 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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, 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 update 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 employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

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.<sup>4</sup>

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 <https://www.fbi.gov/services/cjis/identity-history-summary-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.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

---

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See 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)