



## Application Checklist for Audiologists

### *Required Professional Experience*

### *AUD Students (Final Year) and AUD Graduates (Another State)*

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 are required for the issuance of the RPE temporary license.*

1. **Application (Pages 1-3) – AUD Students and AUD Graduates**
  - Remember to attach a 2x2 passport quality photograph.
2. **Part B of Application (Pages 4-5) – AUD Students (Final Year) Only**
3. **Fees**
  - \$60 check or money order to the Board, made payable to SLPAHADB.
4. **Fingerprints – DOJ and FBI clearances must be received prior to issuance of the temporary license**
  - California applicants are required to use Live Scan for fingerprinting; submit a copy of the completed live scan form to the Board. Fees are paid directly to the Live Scan operator.
  - Out-of-State applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49 (DOJ and FBI processing fee). You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab.
    - **Please note:** one (1) check or money order in the amount of \$109 (\$60 licensing fee and \$49 fingerprint card processing fee) may be submitted; made payable to SLPAHADB.
5. **Clinical Practicum/University Recommendation (AUD Students Only)**
  - Form can be mailed directly to the Board by training program director or included with application package.

*Items 6 must be submitted after graduation (AUD Students Only). Graduates are required to submit official transcripts when mailing application.*

6. **Official Transcripts – Graduate programs only**
  - Must be mailed to the Board in an envelope sealed by the university/institution.
  - The Board does not accept electronic transcripts.
  - Photocopy of degree is required if degree is not posted to transcript; **AUD Students Only:** a letter of completion/degree verification may be submitted from your university upon graduation

*Item 7 can be submitted anytime during the required professional experience (AUD Students Only). Graduates are required to order score report when mailing application.*

7. **National Exam Score**
  - Effective 01/01/2013 minimum passing score of 170.
  - Must have been taken within the last five years.
  - Must be sent electronically to the Board from Praxis/ETS.
  - To avoid delays with permanent licensure, do not wait until the end of your experience to submit scores to the Board.

*Item 8 must be submitted at the end of each supervised experience (AUD Students Only).*

8. **RPE Verification Form**
  - Submit completed form within 10 days of completing required professional experience.
  - Signed by supervisor

*Item 9 to be completed after eligibility (AUD Students Only).*

9. **Permanent/Full Licensure Application**
  - No additional fees are required.
  - Form is not available on our website; upon verification of supervised experience, the Board will send you the application form via email.



## AUDIOLOGY REQUIRED PROFESSIONAL EXPERIENCE (RPE) APPLICATION TEMPORARY LICENSE \$60.00

**INSTRUCTIONS:** Do not print this application double-sided. **Part A** must be completed by applicant and **Part B** must be completed with supervisor. Do not use white-out. Any corrections to this form must be crossed out and initialed. The completed application form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

**Please type or print legibly.**

Please check applicable:     Audiology Student (Final Year)     Audiology Graduate (Another State)

**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	
4. PHONE:				5. EMAIL ADDRESS:					
6. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):						7. DATE OF BIRTH: (MM/DD/YYYY)			
8. ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF AN ACTIVE DUTY MILITARY PERSONNEL?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide evidence that the application is married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the united states who is assigned to a duty station in California under official active duty orders; and 2) hold a current license in another state, district, or territory of the united states in speech-language pathology or audiology.									
9. ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the board that the applicant has served as an active duty member of the armed forces for the united states and was honorably discharged.									
10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW.  Do any of the following statements apply to you?    YES <input type="checkbox"/> NO <input type="checkbox"/> <ul style="list-style-type: none"> <li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;</li> <li>• You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or,</li> <li>• You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li> </ul> If you selected yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.									

**ATTACH 2" X 2"  
 PASSPORT QUALITY  
 PHOTOGRAPH**  
 (must be an actual photograph,  
 not a paper copy)

Photographs must be taken within  
 60 days of the filing date of this  
 application.

Print your full name on the back  
 of the photograph.

**PART A – Continued**

11. Graduate Programs: List name and location of satisfactorily completed graduate education. You must have official transcripts mailed to the Board in an envelope sealed by the university.				
INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	TYPE OF DEGREE RECEIVED	DATE DEGREE RECEIVED

		YES	NO
12.	Have you taken the Educational Testing Services/National Teacher Examination (NTE) (The Praxis series) in audiology within the previous 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you completed any portion of your final year/externship/RPE in another state? If yes, please list the state(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you ever been licensed to practice audiology in any state or country? If yes, what state(s) or country? _____	<input type="checkbox"/>	<input type="checkbox"/>

**A YES answer to any of the questions below (15 through 18), requires you to complete and submit the Discipline Reporting Form.**

		YES	NO
15.	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? Include 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>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you had any pending investigations by any state or federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>
17.	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?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country?	<input type="checkbox"/>	<input type="checkbox"/>

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 is maintained by the Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board, 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287-7915. Information provided may be transferred and may be transferred to other governmental and enforcement agencies as may be 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 BPC Sections 30 and 31. 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 Section 329 of the Unemployment Insurance Code, for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, you may be reported to the Franchise Tax Board (FTB) and be assessed a penalty of \$100. Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board if a registrant does not pay his or her state tax obligation, the registration may be suspended.

**Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if your tax obligation is not paid.**

**PART B – To be completed with the RPE Supervisor**

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

21.	FULL LEGAL NAME OF SUPERVISOR: LAST	FIRST	MIDDLE									
22.	STREET ADDRESS:											
23.	CITY, STATE, ZIP CODE:											
24.	BUSINESS PHONE:	LICENSE NUMBER:										
25.	EMAIL:											
26.	PROPOSED START DATE: AS SOON AS APPROVED _____ FUTURE START DATE: _____ <b>Professional services can only start upon the issuance of the RPE temporary license.</b>											
27.	NUMBER OF RPE EMPLOYMENT HOURS PER WEEK: 30-40 (FULL-TIME) _____ 15-29 (PART-TIME) _____											
28.	LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED: (DO NOT PROVIDE CONTRACT AGENCY NAME AND ADDRESS)  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)</td> <td style="width: 25%; border-bottom: 1px solid black;">STREET ADDRESS</td> <td style="width: 25%; border-bottom: 1px solid black;">CITY, STATE, ZIP CODE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)</td> <td style="border-bottom: 1px solid black;">STREET ADDRESS</td> <td style="border-bottom: 1px solid black;">CITY, STATE, ZIP CODE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)</td> <td style="border-bottom: 1px solid black;">STREET ADDRESS</td> <td style="border-bottom: 1px solid black;">CITY, STATE, ZIP CODE</td> </tr> </table>			FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE	FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE	FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE
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FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE										
29.	IS THE SETTING(S) LISTED IN SECTION #28 A PUBLIC SCHOOL? YES _____ NO _____  IF YES, IS THE RPE: _____ A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL OR COUNTY OFFICE OF EDUCATION _____ PAID BY A CONTRACT AGENCY AND PLACED IN THE PUBLIC SCHOOL											
30.	SUPERVISION:  _____ THE RPE WILL BE WORKING FULL-TIME AND I AGREE TO PROVIDE EIGHT HOURS OF DIRECT MONITORING EACH MONTH. FOUR OF THE EIGHT HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.  _____ THE RPE WILL BE WORKING PART-TIME AND I AGREE TO PROVIDE FOUR HOURS OF DIRECT MONITORING EACH MONTH. 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 and 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 caused for denial of my license.

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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: \_\_\_\_\_

## REQUIRED PROFESSIONAL EXPERIENCE (RPE) TEMPORARY LICENSE

### ✦Duties and Responsibilities of Applicant✦

RPE temporary license applicants and applicant's supervisor must read and sign this form under the penalty of perjury. Please submit with the completed RPE application.

- 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, I will immediately notify the Board. *A supervisor's license may be verified at any time at the Board's website.*
- 3) I understand that my work plan can be 12 months of full-time professional experience (defined as 30-40 hours per week) with eight hours of direct monitoring per month or 24 months of part-time professional experience (defined as 15-29 hours per week) with four hours of direct monitoring per month.
- 4) If there is a break in professional experience due to a medical reason, 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 termination of supervision, I will ensure that my supervisor completes the RPE Verification form. I understand that it is my responsibility to submit the verification form within 10 days of completion.

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SIGNATURE OF APPLICANT

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PRINTED NAME OF APPLICANT

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DATE

### ✦Duties and Responsibilities of Supervisor✦

- 1) I possess the qualifications to supervise an RPE applicant: a California audiology license.
- 2) I agree to ensure that my California audiology license 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 of direct monitoring per month for each full-time RPE (defined as 30-40 hours per week) and four hours of direct monitoring per month for each part-time RPE (defined as 15-29 hours per week).
- 4) I will not supervise more than three RPEs 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, including revocation, suspension (even if stayed), probation terms, inactive licensure, or lapse in licensure that affects my ability or right 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 termination of supervision of the RPE, I will complete the RPE Verification form. I will submit the original signed form to the Board within 10 calendar days of 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.

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SIGNATURE OF SUPERVISOR

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PRINTED NAME OF SUPERVISOR

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DATE

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AU LICENSE NUMBER



**AUDIOLOGY REQUIRED PROFESSIONAL EXPERIENCE (RPE)  
 CLINICAL PRACTICUM/UNIVERSITY RECOMMENDATION**

INSTRUCTIONS: Do not use white-out. Any corrections to this form must be crossed out and initialed. The completed form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted. This form is for use by current graduate students who:

- completed the clinical practicum hours by the AuD program at an approved training program;
- are enrolled in their final year of study in Audiology;
- are being recommended by their university for the RPE temporary license.

**APPLICANT INFORMATION**

1. NAME: LAST	FIRST	MIDDLE
2. DATE OF BIRTH: (MM/DD/YY)	3. SOCIAL SECURITY NUMBER:	

**UNIVERSITY & TRAINING PROGRAM DIRECTOR INFORMATION**

4. COLLEGE OR UNIVERSITY:
5. PROGRAM DIRECTOR NAME:

**VERIFICATION OF GRADUATION**

	YES	NO
6. The applicant is enrolled in the final year of a graduate program in audiology at an approved California university training program.		
7. EXPECTED GRADUATION DATE:		

**VERIFICATION OF CLINICAL PRACTICUM**

	YES	NO
8. The applicant has completed a minimum of 300 clock hours of supervised clinical experience in direct client/patient contact.		
9. The applicant has completed the hours while engaged in graduate study.		
11. The applicant has gained knowledge and experience with individuals from culturally/linguistically diverse backgrounds and with clients/patients of all ages.		
12. The applicant has been supervised by individual(s) who hold current/valid licensure in audiology.		
13. The amount of supervision was appropriate to the student's level of knowledge, experience, and competence, and was sufficient to ensure the welfare of the clients.		

**VERIFICATION OF UNIVERSITY RECOMMENDATION**

	YES	NO
14. The applicant is being recommended by the university training program for the RPE temporary license.		

I certify that all academic and practicum information listed on this form was completed according to the State of California licensure requirements.

\_\_\_\_\_  
 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR

\_\_\_\_\_  
 DATE



## PRAXIS EXAMINATION INFORMATION

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

Effective January 1, 2013, the minimum passing score for Audiology is 170.

These examinations are offered at various sites throughout California, the United States and internationally, according to an annual schedule set by the Education Testing Service (ETS). When filing for the Praxis, please arrange to have a copy of your score sent electronically to the Board using the following Reporting Code: **R8544**. Applications may be obtained from:

The Praxis Scores  
Educational Testing Services  
PO Box 6051  
Princeton, NJ 08541-6051  
(609) 771-7395

The examination may be taken anytime within the 5-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 6 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 scores to the Board before completion of RPE may result in the delay of permanent licensure.***





## REQUIRED PROFESSIONAL EXPERIENCE (RPE) VERIFICATION FORM

INSTRUCTIONS: This form must be completed and submitted within 10 days after end date of experience, change in time base, or end of supervision. Do not use white-out. Any corrections to this form must be crossed out and initialed by the supervisor. The completed form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

**IMPORTANT INFORMATION:**

- **SCHOOL SETTINGS:** Separate verification forms and school calendars are required for EACH school year; including summer school.
- Full-time and part-time experience cannot be combined on the same form.
- Failure to correctly fill-out verification forms will require the RPE and supervisor to submit a new form and may result in the delay of permanent licensure.

**PART A – RPE Information**

1. FULL LEGAL NAME: LAST	FIRST	MIDDLE
2. RPE LICENSE NUMBER:		
3. STREET ADDRESS:		
4. CITY, STATE, ZIP CODE:		
5. EMAIL:		

**PART B – Supervisor Information**

6. FULL LEGAL NAME: LAST	FIRST	MIDDLE
7. SLP/AU LICENSE NUMBER:		
8. STREET ADDRESS:		
9. CITY, STATE, ZIP CODE:		
10. EMAIL:		





## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0437

ORI (Code assigned by DOJ)

Audiologist

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

License

Authorized Applicant Type

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)

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

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### 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

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### 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>.*

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<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)