



# Application Checklist for Foreign Graduates *Required Professional Experience* *Audiologists*

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 remember to attach a 2x2 passport-quality photograph and provide original signatures.
- Please answer all questions.

## 2. Fees

- Check or Money Order to the Board for \$35, made payable to SLPAHADB. Must be U.S. funds.

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

- Please request the current training program director to complete and sign a document with a breakdown of audiology services provided during rotations to the following age ranges: Birth-5, 6-22, 23-61, and 62+ with a grand total of a minimum of 300 clock hours. Please provide the signed form with the application.

## 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. Reviews take approximately 60-90 days to complete, on average, once submitted to the Subject Matter Expert.*

*Once your coursework is approved by a licensed Subject Matter 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 Audiologist

## 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

- Praxis Series 5343: 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**.



## Audiology Foreign-Educated REQUIRED PROFESSIONAL EXPERIENCE (RPE) APPLICATION Temporary License \$35.00

**INSTRUCTIONS:** Do not print this application double-sided. DO NOT USE WHITE-OUT. Any corrections to this form must be crossed out and initialed. **NOTE: DO NOT USE THIS APPLICATION IF YOU COMPLETED A DOCTORATE DEGREE IN AUDIOLOGY FROM A U.S. INSTITUTION.**

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

1. FULL LEGAL NAME: LAST		FIRST		MIDDLE	
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):					
3. STREET ADDRESS			CITY		STATE ZIP
4. PERSONAL TELEPHONE:			BUSINESS TELEPHONE:		
5. SOCIAL SECURITY NUMBER (SSN):				6. DATE OF BIRTH: (MM/DD/YYYY)	
7. EMAIL ADDRESS:					
8. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST WITH, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW. <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> Do any of the following statements apply to you? <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, then 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.					
9. WHAT IS THE ENTRY LEVEL DEGREE TO PRACTICE AUDIOLOGY IN YOUR COUNTRY? Bachelors in: _____ Masters in: _____ Doctorate in: _____					
10. UNDERGRADUATE AND GRADUATE PROGRAMS					
INSTITUTION NAME	LOCATION/ COUNTRY	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED	

**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.

	YES	NO
11. Have you passed the Educational Testing Service/National Teacher Examination (NTE) (The Praxis series) in audiology within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you completed any portion of your CFY/RPE in another state?	<input type="checkbox"/>	<input type="checkbox"/>
13. 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"/>

	YES	NO
14. Have you ever been the subject of a disciplinary action or do you 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>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have any pending investigations by any state or federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been denied a license to practice Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts profession, in any state or country?	<input type="checkbox"/>	<input type="checkbox"/>
17. 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 SIGNED: \_\_\_\_\_

**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 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 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, then 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, then 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. Your license may be suspended if your tax obligation is not paid.**



## APPLICATION TO SUPERVISE A TEMPORARY RPE Audiology 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):				
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:			AU LICENSE 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?     YES     NO \_\_\_\_\_

IF YES, IS THE RPE:     A SALARIED EMPLOYEE OF THE SCHOOL OR COUNTY OFFICE OF EDUCATION.

PAID BY A CONTRACT AGENCY AND PLACED IN THE SCHOOL.

15. SUPERVISION:

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.

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 12 months of full-time professional experience (defined as 30-40 hours per week) with at least eight hours of direct monitoring per month or 24 months 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

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### ✦ Duties and Responsibilities of Supervisor ✦

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

- 1) I possess the qualification to supervise an RPE applicant: a California AU license issued by the Board.
- 2) I agree to ensure that my California 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 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 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 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 AUDIOLOGY: FOREIGN-EDUCATED**

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

Minimum passing score for Praxis Series 5343: Audiology 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 permanent 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."

## **FOREIGN CREDENTIALS EVALUATION SERVICES**

Below are examples of California agencies that determine United States equivalency of education obtained outside of the United States. The 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 course-by-course evaluation report must be sent to the Board directly from the agency or submitted in the evaluation service-sealed envelope with the application. The report must demonstrate equivalency to a doctorate degree in audiology or, if conferred prior to 2008, a master's degree in audiology.

**A2Z Evaluations, LLC.**  
Davis, California

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

**Educational Records Evaluations Service, Inc.**  
Sacramento, California

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





## 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

Other Name: (AKA or Alias)

Last Name

Sex  Male  Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First Name

Suffix

Driver's License Number

Billing  
Number

(Agency Billing Number)

Misc.  
Number

Applicant Must Pay At Site

(Other Identification Number)

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

### 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)