



Application Checklist for Speech-Language Pathologists Required Professional Experience (U.S. Graduates)

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.

Items 1-4 are required for the issuance of the RPE temporary license.

1. **Application**
 - Remember to attach a 2x2 passport-quality photograph and provide original signatures.
 - Please answer all questions.
2. **Fees**
 - \$35 check or money order to the Board, made payable to SLPAHADB.
3. **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 \$84 (\$35 application fee and \$49 fingerprint card processing fee) may be submitted, made payable to SLPAHADB.
4. **Clinical Practicum/University Recommendation**
 - Form can be mailed directly to the Board by training program director or, preferably, included in the application package.

Items 5-6 must be submitted as soon as possible after degree conferral and passing the exam.

5. **Official Transcripts – Graduate Programs Only**
 - Master's degree program for Speech-Language Pathology or Communication Disorders.
 - Must be mailed to the Board in an envelope sealed by the university/institution.
 - The Board also accepts electronic transcripts sent directly from the registrar's office or official transcript service.
6. **National Exam Score**
 - Effective 09/01/2014, minimum passing score of 162.
 - Must have been taken within the five years prior to application filing.
 - Must be sent electronically to the Board from Praxis/ETS.
 - The Board's reporting code is **8544**.



SPEECH-LANGUAGE PATHOLOGY REQUIRED PROFESSIONAL EXPERIENCE (RPE) APPLICATION TEMPORARY LICENSE \$35.00

INSTRUCTIONS: Do not print this application double-sided. **Part A** must be completed by applicant and **Part B** must be completed with supervisor. Please submit a complete application. 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.

Application is formatted to be typed. May also be handwritten legibly. Please answer all questions.

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. SOCIAL SECURITY NUMBER (SSN):		6. DATE OF BIRTH: (MM/DD/YYYY)	
7. EMAIL ADDRESS:			
8. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED U.S. VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/> By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence <u>with the application</u> that the applicant is serving as an active duty member of the armed forces for the United States or was honorably discharged (DD-214).			
9. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA AND DO YOU HOLD A VALID LICENSE TO PRACTICE IN ANOTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/> By checking yes, you may qualify for expedited application processing and waiver of the associated application fee. An applicant for expedited application processing and fee waiver must meet the following requirements: 1) provide satisfactory evidence <u>with the application</u> that you are 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 and provide evidence of the license <u>with the application</u> .			
10. 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. Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/> <ul style="list-style-type: none"> • You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; • 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, • 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. 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 graduate program. Official transcript is required after confirmation that conferred degree will appear on the transcript.				
INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	TYPE OF DEGREE	DATE DEGREE RECEIVED/EXPECTED DATE RECEIVED

		YES	NO
12.	Have you passed the Educational Testing Services/National Teacher Examination (NTE) (The Praxis series) in Speech-Language Pathology within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you completed any portion of your CFY/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 Speech-Language Pathology in any state or country? If yes, what state(s) or country? _____	<input type="checkbox"/>	<input type="checkbox"/>

		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, 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"/>
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 any 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 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, 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:	SLP LICENSE NUMBER:	
25.	EMAIL:		
26.	PROPOSED START DATE: AS SOON AS APPROVED _____ FUTURE START DATE: _____ <b style="color: red;">Professional services can only start upon the issuance of the RPE temporary license.		
27.	NUMBER OF RPE EMPLOYMENT HOURS PER WEEK: 30-40 (FULL-TIME) _____ 15-29 (PART-TIME) _____		
28.	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)	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
29.	IS/ARE THE SETTING(S) LISTED IN SECTION #28 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		
30.	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 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 cause 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 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.

SIGNATURE OF APPLICANT

PRINTED 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 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 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.

SIGNATURE OF SUPERVISOR

PRINTED NAME OF SUPERVISOR

DATE

SLP LICENSE NUMBER

If you are not licensed by the Board, then you must attach a copy of your professional services credential (failure to include this may result in the denial of supervision).



**SPEECH-LANGUAGE PATHOLOGY 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 can be provided to the applicant for inclusion in the application package (preferred) or can be mailed separately to the Board. This form is for use by current students or successful graduates who:

- completed the clinical practicum hours for a master’s degree from an approved training program (this includes ASHA-approved training programs) and;
- are being recommended by their university for the RPE temporary license.

PLEASE ANSWER ALL QUESTIONS

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 semester of a graduate program in Speech-Language Pathology at an approved California university training program or ASHA-approved program.		
7. The applicant is scheduled to graduate within the next 75 days and will graduate at the end of the term (pending completion of final requirements).		
8. OFFICIAL GRADUATION DATE:		

VERIFICATION OF CLINICAL PRACTICUM

	YES	NO
9. The applicant has completed a minimum of 300 clock hours of supervised clinical experience in direct client/patient contact.		
10. 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 Speech-Language Pathology or current ASHA certification.		
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 licensing requirements.

 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR

 DATE



PRAXIS EXAMINATION INFORMATION

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 (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: **8544**.

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 and passed at 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.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0437

ORI (Code assigned by DOJ)

Speech Pathologist

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, 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 notification¹ 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.²
- 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.³

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.⁴

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>.*

¹ Written notification includes electronic notification, but excludes oral notification

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

³ See 28 CFR 50.12(b)

⁴ 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)