

California State Board of Pharmacy 2720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833 Phone: (916) 518-3100 Fax: (916) 574-8618 www.pharmacy.ca.gov



FINGERPRINTING REQUIREMENTS AND LIVE SCAN INSTRUCTIONS

BRING THESE INSTRUCTIONS WITH YOU TO THE LIVE SCAN AGENCY. THE LIVE SCAN OPERATOR MUST ENTER THE INFORMATION PROVIDED IN STEP 1 BELOW. FAILURE TO INCLUDE THE BOARD OF PHARAMCY INFORMATION ON THE LIVE SCAN FORM MAY RESULT IN THE INDIVIDUAL HAVING TO COMPLETE THE LIVE SCAN PROCESS AGAIN.

FINGERPRINT REQUIREMENT: All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the Department of Justice (DOJ). (Bus. & Prof. Code, § <u>144</u>; 16 CCR § <u>2010.05</u>.) Licensure, registration, and permits are subject to denial, suspension, or revocation based upon an applicant's or licensee's conviction of a crime. (Bus. & Prof. Code §§ <u>475-490</u>, <u>4836.2</u>, <u>4837</u>, <u>4842</u>, <u>4883</u>, <u>4885</u>.)

Fingerprints must be submitted to the DOJ electronically via Live Scan. (Pen. Code, § <u>11077.1</u>.) Live Scan is a system for the electronic submission of fingerprints. The DOJ has limited statutory authority to issue an exemption to this mandate if an electronic transmission site is regionally unavailable. For more information on how to request an exemption, visit the Attorney General's Office web site at <u>https://oag.ca.gov/fingerprints</u> and download the <u>BCII 9004 - Request for</u> <u>Exemption from Mandatory Electronic Fingerprint Submission Requirement</u> form.

LIVE SCAN INSTRUCITONS: <u>STEP 1 - COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS</u> FOLLOWS:

- **ORI:** Enter **"A0071".** This is the unique agency code for the Board of Pharmacy.
- Authorized Applicant type: Enter "License/Cert/Permit".
- **Type of License/Certification/Permit** <u>OR</u> **Working Title:** Enter "**Pharmacy Section 4201**". This is unique for the specific application for license.
- Agency Authorized to Receive Criminal Record Information: Enter "Board of Pharmacy".
- Mail Code: Enter "05712". This is the unique five-digit code assigned by the DOJ for the Board of Pharmacy.
- Street Address, City, State, and Zip Code: Enter "2720 Gateway Oaks Drive, Suite 100, Sacramento CA 95833".
- Contact Telephone Number: Enter "(916) 518-3100".
- Name of Applicant: Enter your Legal Last Name, Legal First Name, and Middle Name. Do not use initials or name abbreviations.
- Alias: Enter all other names you have used, including your maiden name. If none, leave this section blank.
- Driver's License No. Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- Sex: Enter your gender.
- Height: Enter your height in feet and inches.
- Weight: Enter your weight in pounds.
- Eye Color: Enter the color of your eyes.
- Hair Color: Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- Place of Birth: Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number. This is **MANDORTY** for the Board of Pharmacy.
- Misc. Number: Enter any other identification number and type. If none, leave this section blank.
- Home Address, City, State, and Zip Code: Enter your home address information into the applicable sections.
- Level of Service: Mark BOTH DOJ and FBI. You are required to have both DOJ and FBI level of service complete.
- **Employer:** This information is not required.



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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission						
ORI (Code assigned by DOJ)			Authorized A	Applicant Type		
Type of License/Certification/Pe	<u> </u>	itle (Maximum 30 charao	cters - if assigned by DC	DJ, use exact title assigned)		
Contributing Agency Informa	ation:					
Agency Authorized to Receive Criminal Record Information			Mail Code (five-digit code assigned by DOJ)			
Street Address or P.O. Box			Contact Name (mandatory for all school submissions)			
City State ZIP Code			Contact Telephone Number			
Applicant Information:						
Last Name			First Name		Middle Initial	Suffix
Other Name: (AKA or Alias)						
Last Name			First Name			Suffix
Date of Birth	e Female Nonl	binary/Unspecified	Driver's Licer	nse Number		
Height Weight	Eye Color	Hair Color	Billing Number			
Place of Birth (State or Country) Social Security Number			(Agency Billing Number) Misc. Number			
			(Othe	er Identification Number)		
Home Address Street Address or P.O. E	Box		City		State ZIP C	ode
I have received and	read the included	d Privacy Notice	, Privacy Act S	Statement, and Appl	icant's Privacy Rights.	
	Applicant Signal	ture			Date	
Your Number:			Level of Service: DOJ FBI			
OCA Number (Agency Identifying Number)			(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 reject		al ATI Number				
Employer (Additional respon		pecified by statu	te):			
Employer Name						
				T . I N N .		
Street Address or P.O. Box				Telephone Numbe	r (optional)	
City		State	ZIP Code	Mail Code (five dig	it code assigned by DOJ)	
Live Scan Transaction Comp	pleted By:					
Name of Operator			Date			
ransmitting 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 <u>https://www.fbi.gov/services/cjis/identity-history-summary-checks</u>.

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)