

**CRIMINAL BACKGROUND CHECKS  
LOUISIANA AND FBI  
(Louisiana LPNs and applicants for LPN licensure)**

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Louisiana LPNs and applicants for LPN licensure who are required to obtain criminal background checks as directed by the Louisiana State Board of Practical Nurse Examiners (LSBPNE) should follow the instructions below.

**Please note:** Louisiana and FBI criminal background checks are processed by the Louisiana State Police. LSBPNE receives the *results* of processed background checks. Do not send applications for background checks to LSBPNE.

**Instructions to apply for Louisiana/FBI criminal background check:**

1. Access, download and print the applications for state/FBI criminal background checks from [www.lsbpne.com](http://www.lsbpne.com).
2. Complete the applicant sections on BOTH pages (authorization form and rap disclosure form). Writing MUST be legible. Illegible writing will result in delayed processing of your results.
3. Obtain two (2) sets of fingerprint cards, provided by a police office. (fees are set by individual police offices)
4. Mail the following to the **Louisiana State Police, Bureau of Criminal Identification and Information, PO Box 66614 (Mail Slip A-6), Baton Rouge, LA 70896.**
  - two (2) fingerprint cards;
  - the completed 2-page application;
  - a money order payable to Louisiana State Police in the amount of the applicable fee \$39.25. **DO NOT send personal checks or cash.**

Allow up to 12 weeks for processing. The results of the state and FBI background check will be sent directly to LSBPNE.

Do NOT send the criminal background check application, fingerprint cards or fees to LSBPNE. LSBPNE does not process the state/FBI criminal background checks; however results are sent directly to LSBPNE.

The Louisiana State Police may be contacted via:

- via internet at [www.lsp.org](http://www.lsp.org)
- via ph# 225-925-6095

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*
\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\*

\*\*\*\*PLEASE PRINT\*\*\*\*

Louisiana State Board of Practical Nurse Examiners

Kiana Gautreaux

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

131 Airline Dr., Ste 301

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Metairie

LA

70001

( 504 ) 838-5791

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

fingerprints@lsbpne.com

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WILDLIFE AND FISHERIES
WORKING WITH CHILDREN

APPLICANTS FULL NAME:

\*\*\*\*PRINT - USE INK\*\*\*\*

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY #

DATE OF BIRTH: / /

ID or DRIVERS LICENSE #

& STATE

RACE

SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN \_\_\_\_\_

SID# \_\_\_\_\_

**APPLICANT PROCESSING – DISCLOSURE**  
**BUREAU OF CRIMINAL IDENTIFICATION AND**  
**INFORMATION**  
 P.O. BOX 66614 (MAIL SLIP A-6)  
 BATON ROUGE, LA 70896

Louisiana State Board of Practical Nurse Examiners  
AGENCY, BUSINESS OR INDIVIDUAL NAME

131 Airline Drive, Suite 301  
MAILING ADDRESS

Metairie	LA	70001
CITY	STATE	ZIP CODE

**NOTICE:**  
**PLEASE PRINT OR TYPE**  
**INFORMATION, EXCLUDING**  
**ADMINISTRATORS OR AUTHORIZED**  
**PERSONS SIGNATURE.**

**INCOMPLETE FORMS WILL NOT BE**  
**PROCESSED.**

NAME OF APPLICANT	DATE OF BIRTH	PLACE OF BIRTH (STATE)	RACE / SEX
WEIGHT	HEIGHT	HAIR COLOR	EYE COLOR

SOCIAL SECURITY NUMBER \_\_\_\_\_

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

## CRIMINAL HISTORY DETERMINATION

- RAPSHEET ATTACHED
- RESPONSE BELOW

## 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.)

<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 5 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); 28 CFR 20.21(c), 20.33(d) and 906.2(d).