



Application Information for Research Psychoanalyst or Student Research Psychoanalyst

MINIMUM REQUIREMENTS

- A list of approved Research Psychoanalytical Institutions may be located on the Medical Board of California's (Board) website at: https://www.mbc.ca.gov/Applicants/Psychoanalysts/Approved_Institutions.aspx
- A research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training, or research. "Adjunct" means that the research psychoanalyst may not render psychoanalyst services on a fee-for-service basis for more than an average of one-third of his or her total professional time including time spent in practice, teaching, training, or research. Such teaching, training, or research shall be the primary activity of the research psychoanalyst. The primary activity may be demonstrated by:
 - A full-time faculty appointment at the University of California, a state university or college, or an accredited or approved educational institution as defined in Section 94310 (a) and (b), of the Education Code.
 - Significant ongoing responsibility for teaching or training as demonstrated by the amount of time devoted to such teaching or training or the number of students trained; or
 - A significant research effort demonstrated by publications in professional journals or publications of books.
- A *registered* research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training, or research. Students who are currently enrolled in an approved psychoanalytic institution and are registered with the Board as a *student research psychoanalyst*, may engage in psychoanalysis under supervision.
- **Students and graduates are not entitled to state or imply that they are licensed to practice psychology, nor may they hold themselves out by any title or description of services incorporating the words: psychological, psychologist, psychology, psychometrists, psychometrics, or psychometry.**
- Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to registration. Section 30 of the Business and Professions Code authorizes collection of the SSN or ITIN. Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.

GENERAL INFORMATION

- Applicants are personally responsible for all information disclosed on the application, Forms R1A-R1D, including any responses that may have been completed on their behalf by others. An application may be denied based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Board considers violations of an ethical nature to be a serious breach of professional conduct.
- **Third Party Services:** The applicant may use electronic commercial services to assist in completing their application for licensure. The Board does not mandate any of the electronic services. For additional information, visit the Board's website. The Board is providing this information as a convenience to our applicants.
- **Fingerprints:** Applicants who reside in California must complete the electronic Live Scan fingerprint process. The Request for Live Scan Service form may be obtained from the Board's website. Please refer to the following website for Live Scan facilities in California: <https://oag.ca.gov/fingerprints/locations>.
Applicants residing outside California must submit two completed fingerprint cards or if visiting California, you may have your fingerprints completed electronically at a California Live Scan facility.
The Board must receive Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of a Research Psychoanalyst Registration.
- **Grounds for Denial:** Each applicant's credentials for registration in California are reviewed on an individual basis. The Board has the authority to deny registration based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline of another state license/registration.

GENERAL INFORMATION *(Continued)*

➤ **Priority Review and Expedited Registration:**

Honorably Discharged Veterans of the United States Armed Forces

The Board is required to expedite the registration process for applicants who have served as active-duty members of the Armed Forces and were honorably discharged. ([Business and Professions Code \(BPC\) section 115.4](#))

For an applicant's registration to be expedited, the applicant must:

- Submit their official orders issued by the Armed Forces indicating that they have been, or will be, honorably discharged.

Spouse or Domestic Partner of an Active-Duty Member of the United States Armed Forces

The Board is required to expedite the registration process for spouses and domestic partners of those on active duty in the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders. ([BPC section 115.5](#))

For an applicant's registration to be expedited, the applicant must:

- Submit evidence that they are married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces who is assigned to a duty station in California under official orders;
- Submit evidence of their spouse's or domestic partner's official assignment to a duty station in California, and;
- Hold a current license/registration in another state, district or territory of the United States in the profession or vocation for which the applicant is seeking a license/registration.

Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

BPC section 135.4 provides that the Board must expedite, and may assist, the initial registration process for certain applicants described below. To have the application expedited, one of the following statements must apply to you:

- The applicant was admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- The applicant was 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,
- The applicant has 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.

Failure to provide satisfactory evidence may result in application review delays. The following may be accepted as satisfactory evidence:

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited registration.

- **Temporary Registration:** An individual who is eligible for a Research Psychoanalyst registration and is married to, or in a domestic partnership, or other legal union with an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders may be eligible for a temporary registration. (BPC section 115.6)

A temporary registration is valid for a period of 12 months, allowing an applicant to complete the application process for the full Research Psychoanalyst registration. Upon issuance of the temporary registration, the registrant will receive a wall certificate and their temporary registration profile will be available on the Board's License Verification page, once approved.

GENERAL INFORMATION *(Continued)*

➤ **Temporary Registration:** *(continued)*

For an applicant's registration to be expedited, the applicant must:

- Submit evidence that they are married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces who is assigned to a duty station in California under official orders;
- Submit evidence of their spouse's or domestic partner's official assignment to a duty station in California, and;
- Hold a current license/registration in another state, district or territory of the United States in the profession or vocation for which the applicant is seeking a license/registration.

APPLICATION CHECKLIST

☐ **Application For Research Psychoanalyst Application, Forms R1A-R1D**

You must complete all fields, answer all questions and submit all four pages of the application together.

☐ **Application Fee - \$199.00**

The application fee includes the \$49.00 required fingerprint processing fee and the fees are non-refundable.

Note: If student research psychoanalyst registration is being upgraded to a research psychoanalyst registration, a new Request for Live Scan Service form and \$49.00 fingerprint processing fees are not required.

☐ **Fingerprints: Live Scan Form (CA Only) - OR - Two (2) Fingerprint Cards**

If you reside in California, you must complete the electronic Live Scan fingerprint process. You will need to download and use the [Request for Live Scan Service](#) form from the Board's website. You may mail a copy of the completed form with your Application.

If you reside outside of California, you must submit two completed fingerprint cards or have your electronic fingerprints completed at a California Live Scan facility. The Board will mail fingerprint cards to you once the Board receives your application and appropriate processing fee. You must complete all personal data on the fingerprint cards or the Board will return the cards to you for completion.

The Board must receive the Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of your registration.

Note: If student research psychoanalyst registration is being upgraded to a research psychoanalyst registration, new fingerprint cards and fingerprint processing fees are not required.

☐ **Education**

Research Psychoanalyst – Submit official certification from the dean verifying graduation.

Student Research Psychoanalyst – Submit official certification from the dean verifying the student's status.



Medical Board of California

Application for a Research Psychoanalyst or Student Research Psychoanalyst Registration

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

TYPE OF APPLICATION

(Check One)

☐ Research Psychoanalyst

☐ Student Research Psychoanalyst

PRIORITY REVIEW AND EXPEDITED LICENSURE

Satisfactory evidence must be provided with your application. See License Information & Checklist for details.

☐ Honorably Discharged Veterans of the United States Armed Forces

☐ Practice in Medically Underserved Area or Population

☐ Expedite for Spouse, Domestic Partner, or Other Legal Union with an Active-Duty Member of the United States Armed Forces

☐ Temporary License for Spouse, Domestic Partner, or Other Legal Union with an Active-Duty Member of the United States Armed Forces

☐ Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

PERSONAL INFORMATION

Legal Name

Full Last Name	First Name	Middle Name	Suffix
----------------	------------	-------------	--------

Other Names/Alias

Date Of Birth

☐ Social Security Number or
☐ Individual Taxpayer Identification Number

Gender ☐ Female
☐ Male
☐ Non-Binary

Telephone Numbers

(Include area code)

Primary	Cell	Work
---------	------	------

Email Address (Required)

Address Of Record

This address will be used for all current correspondence during the review process and will be posted on the Board's website upon issuance of a license. If you are using a P.O. Box, you are also required to list a confidential street address.

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
City	State/Province	Zip/Postal Code	Country

Confidential Address

Only required if Address of Record is a P.O. Box

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
City	State/Province	Zip/Postal Code	Country

1. Are you a registered sex offender?

☐ Yes ☐ No

2. Have you served or are you currently serving in the military?

☐ Yes ☐ No

MBC USE ONLY

Priority Review

☐

Legal Name

☐

DOB

☐

SSN/ITIN

☐

Gender

☐

Phone

☐

Email

☐

AOR

☐

Conf. Address

☐

Sex Offender

☐

Military

☐

MBC USE ONLY

Cashiering

Modifier

School Code

Form **R1A**

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

PREVIOUS REGISTRATION

3. Have you ever previously registered as a research psychoanalyst in California?

☐ Yes ☐ No

Previously Registered

If yes, please provide the registration number:

Expired:

EDUCATION FOR GRADUATE RESEARCH PSYCHOANALYST REGISTRATION (RP)

List the names and locations of all schools where psychoanalytic training was received. Submit official certification from the dean verifying your graduation.

School

Name

Mailing Address

Dates of Attendance

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

(mm/dd/yyyy)

Issue Date of Certificate:

Medical Education

MED Trans

School Code

School

Name

Mailing Address

Dates of Attendance

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

(mm/dd/yyyy)

Issue Date of Certificate:

Medical Education

MED Trans

School Code

EDUCATION FOR STUDENT RESEARCH PSYCHOANALYST REGISTRATION (RP)

List the name and location of the school where psychoanalytic training will be received. Please submit official certification from the dean verifying your current student status.

School

Name

Mailing Address

Dates of Attendance

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Medical Education

MED Trans

School Code

FOR GRADUATE RESEARCH PSYCHOANALYST REGISTRATION ONLY

Indicate which one of the following areas comprises your primary professional activity.

☐ Teaching - A full-time faculty appointment at an approved educational institution.

☐ Training - Significant ongoing responsibility for training.

☐ Research - Significant research effort demonstrated by publication.

Full Legal Name

Date of Birth

(mm/dd/yyyy)

DISCIPLINARY HISTORY

These questions refer to discipline by any hospital, Military or Public Health Service, State Board, or other Governmental Agency of any U.S. state, U.S. territory, Canadian province, or foreign country. If in doubt as to whether discipline should be disclosed, it is best to disclose the information on the application. A "yes" response to question 3-11 requires a written explanation below.

- | | | | | |
|----|---|------------------------------|-----------------------------|-----------------------|
| 4. | Have you ever withdrawn an application for registration/license in lieu of denial, disciplinary action, or for any other similar reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="radio"/> |
| 5. | Have you ever been denied a license/registration by any governmental agency of any state, territory or country, or the U.S. military to practice psychoanalysis or is any denial pending against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="radio"/> |
| 6. | Have you ever had any registration/license to practice psychoanalysis subjected to any disciplinary action or is any disciplinary action pending against any of your registrations/licenses to practice psychoanalysis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="radio"/> |
| 7. | Have you ever surrendered a registration/license to practice psychoanalysis or have you ever had any registration/license to practice psychoanalysis revoked, suspended, or placed on probation in any jurisdiction, foreign or domestic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="radio"/> |
| 8. | Have you ever had any registration/license to practice psychoanalysis subjected to any action including, but not limited to, informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="radio"/> |
| 9. | Have you ever had any healing arts registration/license or certificate disciplined by any state, federal or foreign jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="radio"/> |

EXPLANATION(S)

For any "Yes" response relating to Disciplinary History questions 5-9 above, please provide an explanation in the space below. If the space provided is not adequate, attach additional sheets of paper for your responses.

NOTICE

MBCUSE ONLY

All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to verify and identify the applicant and Section 2529 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other licensing authorities, or other governmental law enforcement agencies. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act, Civil Code section 1798.17, by contacting the Board.

Reviewed

R1A-R1F



Staff Initials
& Date

DECLARATION

Full Legal Name (First, Middle, Last, Suffix)

Date of Birth (mm/dd/yyyy)

The applicant,

Applicant

Name & DOB



declares: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and that I am the lawful holder of a doctorate degree, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by the Board necessary to determine any professional competence, professional conduct, or physical or mental ability to safely engage in the practice of research psychoanalysis. I further authorize the Medical Board of California or its successors to release, in any investigation or proceeding, to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure/registration.

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE/REGISTRATION.

Applicant
Signature
& Date



SIGN LEGAL NAME:

DATE:

Form **R1D**



Live Scan Information – Research Psychoanalyst or Student Research Psychoanalyst Applicant

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

• CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES •

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.** Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, Social Security Number or Individual Taxpayer Identification Number, California driver's license number and home address) is provided on *each of the three forms*. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.**

Applicants can access the website, <https://oag.ca.gov/fingerprints/locations> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that website. **After completing the Live Scan process, applicants must submit ONE of the THREE forms with the Application for a Research Psychoanalyst or Student Research Psychoanalyst Registration to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

Applicants residing outside of California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. The results of paper fingerprint cards are generally received within six (6) weeks.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This is in addition to the fingerprint processing fee that must be paid to the Medical Board of California with your application. For further information about the fingerprint clearance process and time frames, please visit the following website at:

<https://oag.ca.gov/contact/faqs>

Because applicants from the medical professions must be concerned with sanitary issues, they wash and scrub their hands so much that images of their fingerprints are often difficult to read. When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Research Psychoanalyst or Student Research Psychoanalyst Registration.

NOTE: If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

LIVE SCAN INFORMATION

RESEARCH PSYCHOANALYST or STUDENT RESEARCH PSYCHOANALYST REGISTRATION

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

• CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES •

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.** Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, Social Security Number or Individual Taxpayer Identification Number, California driver's license number and home address) is provided on *each of the three forms*. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.**

Applicants can access the website, <https://oag.ca.gov/fingerprints/locations> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that website. **After completing the Live Scan process, applicants must submit ONE of the THREE pages with the initial application to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

Applicants residing outside of California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. The results of paper fingerprint cards are generally received within six (6) weeks.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This is in addition to the fingerprint processing fee that must be paid to the Medical Board of California with your application. For information about the fingerprint clearance process and time frames, please visit the following website at:

<https://oag.ca.gov/consumers/morefaqs>

Because applicants from the medical professions must be concerned with sanitary issues, they wash and scrub their hands so much that images of their fingerprints are often difficult to read. When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Research Psychoanalyst or Student Research Psychoanalyst Registration.

NOTE: If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

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

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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:

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):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

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

Sex ☐ Male ☐ Female

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

(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:

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):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

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

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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:

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):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

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)