

Criminal Background Check Instructions

Criminal Background Check:

- Fill out all required boxes on the fingerprint card using the information below prior to taking the fingerprints.
- Once fingerprinted, have the personnel performing the fingerprinting sign and date the fingerprint card in the field labeled **“SIGNATURE OF OFFICIAL TAKING FINGERPRINTS”** and seal the fingerprint card in an envelope and sign across the flap. You will submit this sealed and signed envelope to:

Mississippi Department of Public Safety
Criminal Information Center
Applicant Processing
PO Box 958
Jackson, MS 39205-0958

FBI Fingerprint Card:

- You **MUST** use a standard FBI fingerprint card (form No. FD-258) used by the FBI for noncriminal fingerprinting.
- Have fingerprints done by someone APPROPRIATELY TRAINED to collect them. A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints.
- Your local police or sheriff’s department may be willing to accommodate you. There may or may not be a fee involved.
- **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**
- **DO NOT CONTACT THE MS DEPT. OF PUBLIC SAFETY OR THE FBI** about the status of your criminal background check. Those agencies will notify the MS State Board of Pharmacy. **DO NOT CALL THE BOARD OF PHARMACY.** Once the background results are received by the office, your record will be updated and may be viewed by signing into your profile.

Fields to be completed on the Fingerprint Card

(Type or print, black ink only – Fingerprints must be done in **BLACK** ink.)

- **Last name, First name, Middle name**
- **Signature of person fingerprinted** – be sure to sign this field in front of the fingerprint technician
- **Aliases** (other names you have used, including nicknames, maiden names, other married names, etc.)
- **Date of birth** (MM/DD/YYYY)
- **Residence of person fingerprinted** (street address or post office box, city, state, zip)
- **Citizenship** (i.e., United States, England, Mexico)
- **Sex:** M=Male, F=Female
- **Race:** A=Asian; W=White; B=Black; I=American Indian; H=Hispanic; U=Unknown
- **Height** (foot’ inches”)
- **Weight** (in pounds)
- **Eyes:** BLU=Blue; BRO=Brown; Blk=Black; GRY=Gray; GRN=Green; HAZ=Hazel; XXX=Unknown
- **Hair:** BAL=Bald; BRO=Brown; BLK=Black; SDY=Sandy; GRY=Gray; WHI=White; BLN=Blonde; RED=Red; XXX=Unknown
- **Place of birth** (city/state or foreign country)
- **Employer and address** (“none” if you are unemployed)
- **Reason Fingerprinted** – This block **MUST** read: **Pharmacist, Pharmacy Technician, Student, or Designated Representative**
- **Social Security Number**
- Leave all other spaces blank (i.e., OCA, FBI, MNU)

- If you already have an FD-258 (**not mailed from our office**), the card **must have** the following fields completed:

ORI: MS920430Z

St. Board Pharmacy
Jackson, MS

Reason Fingerprinted: Select from the following:

Designated Representative 73-21-126
Pharmacist 73-21-85
Pharmacy Technician 73-21-111
Pharmacist-Student 73-21-85

Note: If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notation recommended for fingerprint submissions includes: **AMP=amputated;** **TI=tip amputated;** **Missing at Birth;** **Cut off;** **Shot off;** **Deformed;** and **Missing.**