



MISSISSIPPI BOARD OF PHARMACY

6360 I-55 North, Suite 400
Jackson, MS 39211
licensing@mbp.ms.gov

Office: 601-899-8880
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www.mbp.ms.gov



**DRUG FACILITY
PERMIT
BACKGROUND CHECK
PACKET**

**Required for
ALL DESIGNATED REPRESENTATIVES (DR)**

**Fingerprint Cards (Form FD-258) may be requested via
email: licensing@mbp.ms.gov**

Background Check Affidavit & Questionnaire

Last Name: _____ First Name: _____ MI: _____

FOR OFFICE USE ONLY
Permit # _____

Date of Birth: _____ SSN#: _____ Race: _____ Gender: _____

Name of Business: _____ Address: _____

This form, completed and signed, will be maintained in your permanent file in the office of the Mississippi Board of Pharmacy. Any answers, explanations, or omissions found to be false or deceptive will result in the Board denying issuance of, or permanent revocation of, your permit in the State of Mississippi. Answer YES or NO to the following questions. Any question answered YES must have a full and complete explanation attached. THESE ANSWERS WILL BE VERIFIED.

1. Have you ever held a license/registration/permit in any other profession? Yes No
2. Was that license/registration/permit ever surrendered, resigned, canceled, or denied reissuance? Yes No
3. Have you ever been licensed, registered or permitted under any other name by any Board or licensing authority?
 Yes No
4. Has action of any type ever been taken against any license/registration/permit? Yes No
5. Have you **ever** been arrested? Yes No
6. What were the results of that arrest(s)? Explain on attached page as required above.
7. Have you ever been charged with and/or convicted of a felony or misdemeanor? Yes No
8. Do you have any felony or misdemeanor charges pending against you? Yes No
9. Have you ever used controlled substances or prescription drugs recreationally or without a valid prescription?
 Yes No
10. Have you ever received inpatient or outpatient treatment for alcohol or drug abuse? Yes No

IMPORTANT: If you have EVER been arrested, you MUST answer YES on the questionnaire and include an explanation. Falsification of your application for a permit (including partial falsification and/or providing information that is misleading) constitutes grounds for IMMEDIATE DENIAL of your application to obtain a permit with the Board of Pharmacy. Background checks are Nationwide and consistently reveal information not contained in local background checks.

AFFIDAVIT AND ATTESTATION

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION MAY BE PROSECUTED UNDER APPLICABLE STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OR REVOCATION OF PERMIT.

I, the above-named applicant, state, under oath, that I am the person referred to in this questionnaire and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this questionnaire constitutes grounds for the Mississippi Board of Pharmacy to refuse to issue or renew, suspend, restrict, revoke or take other disciplinary action against my permit in the State of Mississippi. I understand that if I am issued a permit, failure to comply with the laws or regulations governing the distribution of drugs in this state, or any other state, will be cause for disciplinary action by the Mississippi Board of Pharmacy.

Further, that I give my consent for the release to the Mississippi Board of Pharmacy of any and all records or any other information which may relate to the above questions.

Signature of Applicant

Printed Name

Date

Sworn to before me and subscribed in my presence this _____ day of _____, 20__

Notary Public
My Commission Expires _____

(Seal)

Notary Signature



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FINGERPRINT VERIFICATION

MUST BE COMPLETED BY THE PERSON TAKING FINGERPRINTS



(APPLICANT'S NAME)

FOR OFFICE USE ONLY

Permit # _____

And were taken by:

Official's Name Printed: _____

Official's Signature: _____

Title: _____

Agency: _____

Telephone Number: _____

Date: _____

Individual fingerprinted was identified by:

Driver's License Photo

Other Photo Identification (list type) _____

Person is known personally to me

Complete this form and return along with, COMPLETED Fingerprint Card, Background Check Affidavit Questionnaire, two SIGNED Privacy forms and return with your application, along with a Background Check fee of \$40.00 for the facility DESIGNATED REPRESENTATIVE.

INCOMPLETE PACKETS WILL BE RETURNED.

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- Officials must provide to the applicant written notice that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found in 28CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews of use of criminal history records for noncriminal justice purposes.

SIGNATURE OF APPLICANT

DATE

Written notification includes electronic notification but excludes oral notification.

See 5 U.S.C. 552a (b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

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 a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, 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 updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CCFR), 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 job, license, or other benefit based on information in the criminal history record.

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.³

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 <http://www.fbi.gov/about-us/ciis/background-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.)

Your signature on the fingerprint card and/or this document indicates that you have been informed of your privacy rights and understand that your fingerprints are being run through the criminal history records of the FBI.

SIGNATURE OF APPLICANT

DATE

Written notification includes electronic notification but excludes oral notification.

See 28 CFR 50.12(b).

See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV (c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).