Criminal Background Check Instructions

IN ORDER FOR YOUR CRIMINAL BACKGROUND RESULTS TO BE RECEIVED BEFORE THE 90 DAY APPLICATION EXPIRATION DEADLINE, YOU MUST SUBMIT YOUR COMPLETED FINGERPRINT CARD TO THE MISSISSSIPPI BOARD OF PHARMACY WITHIN <u>TWO WEEKS</u> OF RECEIPT OF YOUR PACKET!!!

- Fill out all required boxes on the fingerprint card using the information below prior to being fingerprinted.
- When fingerprints are taken, have the person performing the fingerprinting sign and date the fingerprint card in the field labeled *"SIGNATURE OF OFFICIAL TAKING FINGERPRINTS"*.

<u>APPLICANT</u> MUST MAIL FINGERPRINTS TO:

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Mississippi Board of Pharmacy
6311 Ridgewood Road, Suite E401
Jackson, MS 39211

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NOTE: DO NOT BEND OR FOLD THE FINGERPRINT CARD

- **You MUST use a standard FBI fingerprint card <mark>provided by the Board</mark>, (<u>form No. FD-258</u>) that is used by the FBI for noncriminal fingerprinting. A criminal background packet that includes the FD-258 card will be mailed to applicant upon completion of online application and payment of all fees.**
- <u>Have fingerprints done by someone **APPROPRIATELY TRAINED** to collect them.</u> **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.
- **<u>DO NOT CONTACT THE BOARD OF PHARMACY</u>** about the status of your criminal background check. Once the background results are received, your record will be updated in our system and the system will automatically notify you via email.

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<u>Fields to be completed on the Fingerprint Card</u>
(Type or print, black ink only – Fingerprints must be done in **BLACK** Ink.)

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- **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)
- **Social Security Number**
- Leave all other spaces blank (i.e., OCA, FBI, MNU)

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 include **AMP=amputated; TI=tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.**

Updated 06/22/2023