

CRIMINAL BACKGROUND CHECK - To be completed by out-of-state applicants. NC residents are encouraged to use the LiveScan application form.

Instructions for Completing the Applicant Fingerprint Card

Please go to your local law enforcement agency (police department or sheriff's office) and request that they make two fingerprint cards. The bearer of this letter is seeking to obtain a copy of his or her criminal history record information for pursuant to NCGS 90-345(b) in order to obtain a license from the North Carolina Board of Licensed Professional Counselors.

1. The complete name of the subject is to be listed as indicated: last name, first name, and middle name. Please ensure the name is legible if written.
2. List any and all alias names or nicknames, maiden name, or any other married names.
3. Sex is to be listed as **M** for Male and **F** for Female or **U** for Unknown.
4. Race is to be listed by placing an individual into one (1) of the following categories by writing the appropriate letter in the space provided.
 - W – White
 - B – Black
 - I – American Indian or Alaskan Native
 - A – Asian or Pacific Islander
 - U – Unknown if unsure or unable to determine
5. Indicate the subject's height in feet and inches using all numeric.
Example: 6'01' = 601, 6'11" = 611, 6' = 600
6. Indicate the subject's weight in pounds using all numeric.
Example: 186 or 098, etc.
7. List the subject's eye color by placing one (1) of the following eye color codes in the space provided:
 - BLK—Black GRY—Gray MAR—Maroon
 - BLU—Blue GRN—Green PNK—Pink
 - BRO—Brown HAZ—Hazel XXX—Unknown
8. Color of hair should be indicated by writing one (1) of the following color codes in the space provided:
 - BAL – Bald (when subject has lost most of his hair or is hairless)
 - BLK – Black
 - BLN – Blond or Strawberry
 - BRO – Brown
 - GRY – Gray or partially
 - RED – Red or Auburn
 - SDY – Sandy
9. List the date of birth numerically– month, day and year
Example: May 11, 1948 should be shown as 05111948
10. Indicate, if possible, the city and state where the subject was born. The state should be indicated by the two letter abbreviation.
11. OCA block: NCBLCMHC000
12. Social Security: write in the Social Security Number
13. Residence of Person Fingerprinted: Current residence of subject fingerprinted is written here.
14. Employer Board Address: NC Board of Licensed Clinical Mental Health Counselors, PO Box 77819, Greensboro NC 27417
15. Reason Fingerprinted: Licensed Clinical Mental Health Counselor per NCGS 90-345, state and federal.

Authority for Release for Criminal Background Check -To be completed by out-of-state applicants. NC residents are encouraged to use the LiveScan application form.

AUTHORITY FOR RELEASE OF INFORMATION
State and Federal Record Check

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for licensure with the North Carolina Board of Licensed Clinical Mental Health Counselors pursuant to NCGS 90-345.

Please type or print clearly; use only black or blue ink.

_____	_____	_____	
Last Name	First Name	Middle Name	

Maiden Name			
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Gender	Race

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the North Carolina Board of Licensed Clinical Mental Health Counselors, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the North Carolina Board of Licensed Clinical Mental Health Counselors cannot provide the results of this criminal history record check to me.

* Disclosure of a social security number on this form is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history checks.

_____	_____
Signature of Applicant	Date

The Authority for Release of Information, the two (2) fingerprint cards, and the fee (if not paid online) must be mailed to:

**NCBLCMHC
PO BOX 77819
Greensboro NC 27417**

ORI # NCBC10000 – North Carolina Board of Licensed Clinical Mental Health Counselors
SBI FINGERPRINT CARD FEE - \$14.00
FBI FINGERPRINT CARD FEE - \$24.00

Total cost to be borne by the applicant is \$38.00

If not paid online, the payment must be made by check, money order or cashier's check **payable to NCBLCMHC**. A single check for the full application fee of \$238.00 is acceptable.

This request form must be maintained on file with the above named agency for one year.

**Do not mail this form or a copy of this form
to the State Bureau of Investigation.**