

# BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

SDBMOE

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## CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Pursuant to SDCL 36-4-11.1 and SDCL 36-4A-8.2 each physician and physician assistant applicant for initial licensure in South Dakota is required to submit a full set of fingerprints for purposes of obtaining state and federal criminal background checks.

**Enclosed are the fingerprint cards that you must use; specific agency data are pre-printed on them. No other fingerprint cards will be accepted.**

- Contact your local law enforcement agency for fingerprinting. Your local law enforcement agency may charge a fee for the fingerprinting service; some agencies will accept only cash in payment of this fee.
- Complete and sign the "Authorization and Release" on the back of the DCI card. Do not complete the front of the DCI card and FBI card at the fingerprinting agency until **after** the fingerprinting process is

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK INK	
LEAVE BLANK		LAST NAME	FIRST NAME
SIGNATURE OF PERSON FINGERPRINTED		ALIAS# <u>AAA</u>	SD Div. Criminal Inv. George S. Mickelson Bldg. 1302 E. Hwy 14 Ste 1 Pierre, SD 57501-8505
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CEE</u>	DATE OF BIRTH <u>03/18/83</u> Month Day Year
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	SEX <u>M</u>	HAIR <u>B</u> EYES <u>B</u> SKIN <u>F</u> PLACE OF BIRTH <u>SD</u>
EMPLOYER AND ADDRESS		LEAVE BLANK	
PERSON FINGERPRINTED		ARMED FORCES NO <u>MANU</u>	CLASS
		SOCIAL SECURITY # <u>SDG</u>	REF
		MISCELLANEOUS NO <u>MANU</u>	
<p>For "REASON FINGERPRINTED" write:</p> <p><b>Licensure</b></p>			
1. L THUMB	2. R INDEX	3. R MIDDLE	4. R RING
5. R LITTLE	6. L THUMB	7. L INDEX	8. L MIDDLE
9. L RING	10. L LITTLE		
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L THUMB	R THUMB
		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

### AUTHORIZATION AND RELEASE

I, your name, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to SDBMOE any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to SDBMOE, I, your name on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damage resulting from the release of this information.

Dated date day of month YE, at time of day am/pm.

your signature

Witness signature of witness (SIGNATURE REQUIRED)

Witness second witness (optional)

Mail Response SDBMOE

101 N Main Ave, Suite 301  
Sioux Falls SD 57104

Send to the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) office your completed fingerprint cards and a separate check or money order for \$43.25 made payable to: South Dakota Division of Criminal Investigation (DCI).

- Do not combine this \$43.25 DCI payment with any other fee or payment.
- Do not mail your fingerprint cards to DCI; the cards must be mailed directly to the SDBMOE office.
- Any fingerprint card that arrives at the SDBMOE office bent, folded, tampered with, stained, smeared, or stapled will be rejected. If rejected, you will be notified to resubmit your card(s).

**Licensure:** You will not be issued a South Dakota license until acceptable results of the criminal background checks are received in the Board office from the Federal Bureau of Investigation (FBI). Normally, it will take approximately 1-2 weeks for the Board to receive the results from the FBI.

**Correcting FBI Record:** If you wish to correct a record that appears on the FBI's CJIS Division Records System, be advised that the procedures to change, correct, or update the record are set forth in Title 28, CFR, Section 16.34. Do not contact the SDBMOE office to correct a record.