



Live Scan Information

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

●CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES●

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.** Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, Social Security Number or Individual Taxpayer Identification Number, California driver's license number and home address) is provided on *each of the three forms*. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO (2) digital prints, one (1) for the DOJ and one (1) for the FBI.**

Applicants can access the website, <https://oag.ca.gov/fingerprints/locations> to obtain the names and locations of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that website. **After completing the Live Scan process, applicants must submit ONE (1) of the THREE (3) forms with the initial application to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

Applicants residing outside of California must submit two (2) fingerprint cards or have your fingerprints completed at a California Live Scan facility. The results of paper fingerprint cards generally take a little bit longer due to mailing of the cards to DOJ for processing.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions on the manual fingerprint cards. This is in addition to the fingerprint processing fee that must be paid to the DOJ. For further information about the fingerprint clearance process and time frames, visit the following website at: <https://aoq.ca.gov/contact/faqs>.

Because applicants from the medical professions must be concerned with sanitary issues, they wash and scrub their hands so much that images of their fingerprints are often difficult to read. When impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

Criminal Records Check from both the CA DOJ and the FBI must be received prior to the issuance a license. NOTE: If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Committee as a result of your fingerprint inquiry.

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A5130 Type of Application: License
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Naturopathic Doctor

Agency Address Set Contributing Agency:
California Board of Naturopathic Medicine 02749
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

1747 N. Market Blvd., Suite 240 N/A
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento, CA 95834 (916) 928-4785
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** Applicant Must Pay
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name _____

Street No. _____ Street or P.O. Box _____ Mail Code (five digit code assigned by DOJ) _____

City _____ State _____ Zip Code _____ () _____
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A5130 Type of Application: License
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Naturopathic Doctor

Agency Address Set Contributing Agency:

California Board of Naturopathic Medicine

Agency authorized to receive criminal history information

1747 N. Market Blvd., Suite 240

Street No. Street or P.O. Box

Sacramento, CA 95834

City State Zip Code

02749

Mail Code (five digit code assigned by DOJ)

N/A

Contact Name (Mandatory for all school submissions)

(916) 928-4785

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** Applicant Must Pay
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name _____

Street No. Street or P.O. Box _____

Mail Code (five digit code assigned by DOJ)

City State Zip Code _____

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORI: A5130 Type of Application: License
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Naturopathic Doctor

Agency Address Set Contributing Agency:
California Board of Naturopathic Medicine
Agency authorized to receive criminal history information

1747 N. Market Blvd., Suite 240
Street No. Street or P.O. Box

Sacramento, CA 95834
City State Zip Code

02749
Mail Code (five digit code assigned by DOJ)

N/A
Contact Name (Mandatory for all school submissions)

(916) 928-4785
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** Applicant Must Pay
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name _____

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

()
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____



COMPLETING THE LIVE SCAN FORM

Live Scan is an automated service that the California Department of Justice (DOJ) provides to agencies that require criminal history background checks from the state and/or Federal Bureau of Investigations (FBI) as a condition of employment, licensing, certification, foreign adoptions or VISA/Immigration clearances. Live Scan digital submissions provide the quickest way to submit and process background checks.

Below are the instructions for completing the Request for Live Scan Service Form:

STEP 1

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Board or downloaded from the Board's website at www.naturopathic.ca.gov.

1. Name of Applicant: Enter the applicant's Last Name, First Name, and Middle Name.
2. Alias: Enter any aliases (including any maiden name) of the applicant.
3. Date of Birth: Enter the applicant's date of birth (month, date, year).
4. Sex: Enter the applicant's gender.
5. Height: Enter the applicant's height.
6. Weight: Enter the applicant's weight.
7. Eye Color: Enter the applicant's eye color.
8. Hair Color: Enter the applicant's hair color.
9. Place of Birth: Enter the applicant's location of birth (such as city and state).
10. SOC: Enter the applicant's social security number.
11. Driver's License No.: Enter the applicant's driver's license number.
12. Home Address: Enter the applicant's home address or P.O. Box (include city/state/zip code).

STEP 2

Take the three copies of the completed Live Scan Form to a Live Scan service site to have your fingerprints electronically submitted to DOJ and the FBI. For a listing of a Live Scan service site near you, please visit DOJ's website at <http://caag.state.ca.us/app/livescan.htm>.

STEP 3

Pay the Live Scan operator. The Live Scan operator will collect the fingerprint processing fees directly from the applicant. The processing fee for DOJ is \$32.00 and \$17.00 for FBI. However, check with the Live Scan service site to determine if additional fees are charged for "rolling" prints and/or administrative processing. Ensure the Live Scan Operator completes the bottom portion of each form.

STEP 4

Submit the second copy of the Live Scan Form (BCII 8016), which should be signed by the Live Scan Operator and have the ATI number on it, to the Board with your application.

If you have any questions regarding the process, please contact the Board at (916) 928-4785.