DEPARTMENT OF NURSING

Fingerprint and Background Check Requirements

Application Instructions

It is the responsibility of the applicant to obtain fingerprints and a federal background check.
- Fingerprints can be obtained from the local Police or Sherriff’s Office. The cost of the fingerprints varies in each county.
- The federal background checks are obtained through the State of Montana Department of Justice. The cost of the background check is $27.25.

The following information needs to be mailed to Montana Criminal Records:
1. The nursing student is required to go to the local police or sheriff’s department to get the fingerprint cards.
   a. In the “employer box” write in MSU-Nursing Department of Nursing, PO Box 7751, Havre, MT 59501
   b. In the “reason box” write in NCPA/VCA
   c. Complete all of the remaining boxes on the fingerprint cards;
   d. Have the police or sheriff representative complete the fingerprinting process.
2. Complete the attached MSU-Northern Department of Nursing Release of Information.
3. Include an envelope that is addressed to MSU-Northern PO Box 7751, Havre, MT 59501.
4. Address a personal check or money order to Montana Criminal Records in the amount of $27.25 for the federal background checks.
5. Mail the fingerprint cards, release of Information form, pre-addressed envelope, and check/money order to:
   Montana Criminal Records
   PO Box 201403
   Helena, MT 59620-1403

The following information needs to be mailed to MSU-Northern Department of Nursing prior to consideration for acceptance into the MSU-Northern Nursing Program. EXCEPT for the Release of Information Form which needs to be sent to Montana Criminal Records.

Complete and submit this application: The applicant is required to complete the application and have the Self-Disclosure and Informed Consent Form notarized.

The Fingerprint and Background Check packet includes the following documentation:
- ___ Noncriminal Justice Applicant’s Rights
- ___ Self-Disclosure and Informed Consent
- ___ Denial of Admission or Withdrawal from a Nursing Program Form
- ___ RN Licensure Denied or Revoked Disclosure of Information Form
- ___ Release of Information Form (to be sent to Montana Criminal Records)
Applicant Name: ____________________________  Date of Birth: ____________________________

(Maiden and Aliases)________________________  ________________________________
  ________________________________  ________________________________

Social Security Number: ____________________________

### Signatures

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<tr>
<th>Applicant Printed Name</th>
<th>Applicant’s Banner ID Number</th>
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<th>Applicant’s Signature</th>
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<th>Advisor’s Signature</th>
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NONCRIMINAL JUSTICE APPLICANT’S 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 by Montana State University-Northern 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 (CFR), 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.\(^8\)

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.\(^9\)

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/cjis/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 at the same address as provided above. 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.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitspublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do ☐ do not ☐ want a copy of the Privacy Act Statement.

Signed:

Name: ___________________________ Date: ___________________________

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\(^8\) Written notification includes electronic notification, but excludes oral notification.

\(^9\) See 28 CFR 50.12(b).

\(^10\) 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).
DEPARTMENT OF NURSING
Self-Disclosure and Informed Consent

Applicant’s Name: ________________________________________ Social Security Number: ________________________

As an applicant for Montana State University-Northern Nursing Program, the Department of Nursing requires a current fingerprint-based national criminal history background check. The Department of Nursing policy will not permit applicants to participate in clinical activities until the background check has been completed and the results have been reviewed. The applicant is entitled to obtain a copy of the background check report, and challenge the accuracy and completeness of any information contained therein, if denied admittance due to the report contents.

A “yes” answer on one or more of the questions that follow will not necessarily eliminate the applicant from being considered for admission into the Nursing Program. This form is designed to serve as an initial screening device to identify applicants from whom further information is needed. The applicant’s signature must be notarized on this page.

___Yes ___No 1. Have you ever been arrested or convicted of a misdemeanor other than a traffic violation?
___Yes ___No 2. Have you ever been arrested, indicted, or convicted of a felony charge?
___Yes ___No 3. Have you ever been denied admission to a nursing program?
___Yes ___No 4. Have you ever been withdrawn from a nursing program?
___Yes ___No 5. Have you ever had a registered licensure denied or revoked in any state? (RN-BSN applicants only)

If you respond “Yes” to questions:
• 1-2, please be aware the information may show up on the background check.
• 3-4, Complete the Denial of Admission or Withdrawal from a Nursing Program Form.
• 5, Complete the Registered Licensure Denied or Revoked Disclosure of Information Form.

Oath:
I attest that the responses I have made to the above questions are true statements and I understand that falsification may be considered sufficient cause for my removal from the nursing program. I understand that a federal background check is required for admission to the Nursing Program at Montana State University-Northern. All information I have provided is accurate and I give the Department of Nursing the right to verify that information through a criminal background check (both state and federal). I understand that the results of the background check could lead to denial to admission and/or denial to participate in any clinical experiences. I give my permission to the MSU-Northern Department of Nursing to disclose the results of the criminal background check with other educational institutions, law enforcement agencies, courts, and/or state departments as deemed appropriate by the Department. (Sign in front of a Notary Public)

____________________________________________________
Applicant’s Signature

____________________________________________________
Date

State of _______________________________

County of _______________________________

Signed and acknowledged before me on the____day of ____________________, 20____ by _______________________________.

____________________________________________________
(Signature of Notary)

____________________________________________________
(Name – typed, stamped, or printed)

Notary Public for the State of

Residing at

My Commission Expires

____________________________________________________

Fingerprint & Background Check Requirements

5.2015

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# Denial of Admission or Withdrawal from a Nursing Program

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<th>Legal Name</th>
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<th>Name of Nursing Program</th>
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<th>Date of denial or withdrawal</th>
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In the space below, provide a brief description of the circumstances of the denial of admission or withdrawal from a Nursing Program. If additional space is needed, attach a word processed document of explanation.

Applicant’s printed name: ____________________________  Date: ______________________________

Applicant’s signature: ____________________________
## Registered Licensure Denied or Revoked Disclosure of Information Form

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<td>(at the time of the denial or revoked incident)</td>
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<tr>
<th>Date of the incident:</th>
<th>State of Licensure:</th>
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In the space below, provide a brief description of the circumstances of the incident and BON actions taken.

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Applicant’s printed name: ____________________ Date: ____________________
Applicant’s signature: _______________________
MSU-Northern Department of Nursing **Release of Information** To be sent to:

Montana Criminal Records  
PO Box 201403  
Helena, MT 59620-1403

This document signifies my written permission for Montana Department of Criminal Records Department to release the background check results and information to:

Montana State University – Northern Department of Nursing  
Cowan Hall Room 309  
PO Box 7751  
Havre, Montana 59501  
406-265-3749

<table>
<thead>
<tr>
<th>My Legal Name:</th>
<th>(please print)</th>
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<tbody>
<tr>
<td>Maiden Name:</td>
<td>(please print)</td>
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<tr>
<td>Aliases:</td>
<td>(please print)</td>
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</table>

Date of Birth:

Social Security Number:

I verify the above information is true and accurate. Please release the results and information of my background check to Montana State University-Northern, Department of Nursing.

Signature: ___________________________ Date: ___________________________