



Date Received: _____
Received By: _____

**Teacher Education Programs – Background Check Requirements**  
**Application Instructions**

**Complete and submit this application:** You have the obligation to complete, sign, and have notarized all portions of this application prior to consideration for acceptance into the MSU-N Teacher Education Program.

**Complete and submit a “fingerprint card” and declaration:** An official law enforcement agency must take the fingerprints and complete the associated *Declaration*. The FBI will return cards with unclear or incorrectly taken fingerprints. The agency conducting the service may charge a fee.

**Background Check Processing Fee:** A \$30.00 check or money order made out to the *Montana Department of Justice* must accompany the completed application, *Declaration*, and fingerprint card. Any fee made payable to any entity other than the *Montana Department of Justice* will be returned to you and your application will be delayed. No part of the fee goes to MSU-Northern or the Montana Office of Public Instruction.

I am presenting the following packet documentation:

- \_\_\_\_\_ Noncriminal Justice Applicant’s Rights (*in packet*)
- \_\_\_\_\_ NCPA/VCA Applicants (Put your name on the line that say to)
- \_\_\_\_\_ Declaration (*in packet*). (Must be filled out by person fingerprinting you)
- \_\_\_\_\_ 2 Fingerprint cards
- \_\_\_\_\_ Fingerprint cards are filled out correctly, refer to “How to fill out your fingerprint cards correctly,” form (*in packet*)
- \_\_\_\_\_ Self-Disclosure and Informed Consent (If you answered yes to question 1 and/or 2 you **must** fill out the Disclosure of Information Form).
- \_\_\_\_\_ Disclosure of Information Form (*in packet*)
- \_\_\_\_\_ Removal or Denial of Admission to Teacher Education Program OR Denial or Revocation of a Teaching License Form (*in packet*)
- \_\_\_\_\_ Check or money order in the amount of \$30.00 made out to “The Montana Department of Justice”

**DO NOT Print on Both Sides of Paper!**

**Signatures**

_____ Applicant’s Signature	_____ Applicant’s Banner ID Number	_____ Date
_____ Applicant’s Name	_____ Applicant’s Address	
_____ Applicant’s E-mail	_____ Applicant’s Phone Number	
_____ MSU-Northern Advisor’s Signature	_____ MSU-Northern Advisor’s Name	_____ Date

## Applicant Rights and Consent to Fingerprint

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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>8</sup> by Montana State University Northern that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, 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 employment, license, or other benefit based on information in the criminal history record.<sup>9</sup>

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.<sup>10</sup>

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.

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](mailto: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.*

Signed: \_\_\_\_\_

Name

Date

<sup>8</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>9</sup> See 28 CFR 50.12(b).

<sup>10</sup> 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).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

Form number APR&CF 20170213

## PRIVACY ACT STATEMENT

### For Students Records Do Not Turn in to the Education Dept.

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).





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**Declaration**

This form is to be completed by the agency taking the fingerprints, and is intended to confirm that valid identifications (i.e. a driver's license or other type of photograph identification) were presented at the time fingerprints were taken. It is not intended that the confirming agency validate or affirm the authenticity of either the identification card or the identity of the person.

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Name of Agency

Phone Number

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Address

City

State

Zip Code

I (name of person taking fingerprints), \_\_\_\_\_, state that on this day, I prepared the attached fingerprint card for (name of person fingerprinted) \_\_\_\_\_, a person who appeared before me and displayed to me the following form of identification:

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Type of Identification

Identification Number

which identification contained his or her name and that which appeared to be his or her photograph.

I declare under penalty of perjury that the foregoing is true.

---

Signature

Date



**MONTANA STATE UNIVERSITY  
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**How to fill out your fingerprint cards correctly**

**Your fingerprint card(s) must be filled out completely. Incomplete cards will be rejected.**

All items in **PURPLE** must be filled in by you and person fingerprinting you..

Fill out all **RED** boxes that pertain to you.

Items in **GREEN** must appear exactly as shown below.

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR I		DATE OF BIRTH DOB		PLACE OF BIRTH POB	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		HGT	
EMPLOYER AND ADDRESS		REASON FINGERPRINTED		YOUR NO. OCA		FBI NO. FBI		WGT		EYES	
Montana State University-Northern Box 7751 Havre, MT 59501		MSUN Teacher Education Candidate NCPA/VCA		ARMED FORCES NO. MNI				HAIR			
				SOCIAL SECURITY NO. SOC				LEAVE BLANK			
				MISCELLANEOUS NO. MNU				CLASS			
								REF.			

EXAMPLE

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
DO NOT				
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
USE				

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY
L. THUMB      R. THUMB
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY





**MONTANA STATE UNIVERSITY  
NORTHERN  
DEPARTMENT OF EDUCATION**

**Self-Disclosure and Informed Consent**

Candidate's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

As a candidate applicant for Montana State University-Northern's Teacher Education Program, Department of Education policy requires you to obtain a current fingerprint-based national criminal history background check at both Level I and Level II application (background checks older than 12 months will not be considered). Department of Education policy will not permit candidates to participate in Field Practicum or Student Teaching activities until the background check has been completed and the results have been received and reviewed. You are 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 report contents.

Section 20-4-11 of Montana Code Annotated (Montana School Law) gives the Board of Public Education the authority to suspend, revoke or deny licensure of any person who (A) has been convicted of a crime more serious than a traffic violation, (B) makes any statement of material fact in the application for a license which the applicant knows to be false, (C) has been denied, had revoked, suspended, or has surrendered a teacher or specialist license or certification in another state, or (D) is guilty of immoral conduct related to the teaching profession. Conviction, including conviction following a plea of nolo contendere (a conviction in which the sentence is suspended or deferred) or any other adjudication treated by the court as a conviction, may be considered by the Office of Public Instruction in the licensure process if the conviction was for a sexual offense, a crime involving violence, the sale of drugs, or theft, or any other crime meeting the criteria of Title 37, Chapter 1, Part 2, MCA.

A "yes" answer on one or more of the questions that follow will not necessarily eliminate you as a candidate for Montana teacher licensure. This form is designed to serve as an initial screening device to identify candidates from whom further information is needed. Your signature must be notarized.

- \_\_\_\_ 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 teacher education program?
- \_\_\_\_ Yes    \_\_\_\_ No    4. Have you ever been removed from a teacher education program?
- \_\_\_\_ Yes    \_\_\_\_ No    5. Have you ever had a teaching certificate denied or revoked in any state?

***If you respond "Yes" to questions 1-2, you must complete the Disclosure of Information Form (one per incident.)  
If you respond "Yes" to questions 3-5, you must complete the Removal or Denial of Admission to Teacher Education Program/  
Denial or Revocation of a Teaching License Form (one per incident.)***

**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 teacher education program or ultimate denial of my teaching license. I understand that a federal background check is required for admission to the Teacher Education Program at Montana State University-Northern. All information I have provided is accurate and I give the Department of Education 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 field experiences. I give my permission to the MSU-N Department of Education 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 \_\_\_\_\_

(SEAL)





