

Professional Nursing Services

10615 York Rd.
Cockeysville, MD 21030
410-683-9770
Fax 410-683-9776

Fingerprinting Information

As outlined in current COMAR regulations, all employees providing care for clients in the REM and/or MW programs must provide a National/State criminal history background check. All employees will now be required to be fingerprinted to comply with the new regulations. If you have been fingerprinted previously and have a copy of your results, please forward a copy to the office. If you can't provide a copy, or have not been fingerprinted, you must review the information provided and arrange to be fingerprinted as soon as possible.

You must provide a picture ID, and give the following authorization / agency number: **9800046255**. When completing the application, make sure you check the boxes for "State and FBI" and "child care". Please be sure to use one of the approved facilities provided. Contact the facility that you have chosen from the list provided to get specific information about hours of operation, appointments, cost, etc. For your convenience, we have attached a picture of the fingerprint application on the following page, with the pertinent areas highlighted.

All American Protective Services – 3 Locations

www.americanident.com

6701 Democracy Blvd. Suite 110
Bethesda, MD 20817
(301) 296-4499

12501 Prosperity Drive Suite 200
Silver Spring, MD 20904
(240) 670-7952

\$54.50 – Appointment Recommended

7361 Calhoun Place Suite 485
Rockville, MD 20855
(301) 296-4499

Charles County Sheriff's Office
11110 Mall Circle
Waldorf, MD 20603
(301) 609-6438

\$49.50 Cash Only
Mon & Wed 12 N – 5 P
Tues & Thurs 10 A – 6 P
Walk In

Criminal Justice Information System (CJIS)

6776 Reisterstown Rd
Reisterstown Plaza – South Tower
1st Floor Room 102
Pikesville, MD 21282
(410) 764-4501

\$54.50 Walk In
Check or Money Order (No Cash)
Mon – Fri 8:30 A – 5 P

Morpho Trust USA (L-1)
www.l1enrollment.com
1101 Opal Court Suite 211
Hagerstown, MD 21740
(877) 467-9215


\$54.50 Appointment Required


Scotty's Investigations, Inc.
www.scottyssecurity.com
515 Regina Avenue
Cumberland, MD 21502
(301) 777-0232

\$55 Appointment Required

Worth-A-Shot, Inc.
www.worth-a-shot.com
8424 Veterans Highway Suite 5
Millersville, MD 21108
(443) 688-6521

\$54.50 Walk In
Mon – Thurs 11 A – 6 P
Fri 11 A – 6 P
Sat 10 A – 3 P


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STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
APPLICATION FOR CRIMINAL HISTORY RECORD CHECK

-READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION
-ONLY ORIGINAL APPLICATION WILL BE PROCESSED
-TYPE OR PRINT ALL INFORMATION CLEARLY
-CHECK OR MONEY ORDER (NO CASH) MADE PAYABLE TO:
CJIS-CENTRAL REPOSITORY
-MAIL COMPLETED APPLICATION TO:
CJIS, P.O. BOX 32708, PIKESVILLE, MD 21282-2708
OR RETURN TO REQUESTING AGENCY
-FOR ASSISTANCE CALL 410-764-4501

MD _____ ORI# If Required _____

Reason Fingerprinted _____

NAME _____ (Last) (First) (Middle) (Maiden)

ADDRESS _____ (Number) (Street) (Apt. #) (P.O. Box)

(City) (State) (Zip Code)

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____ CITIZENSHIP _____
MM DD YYYY

HEIGHT: FT. ____ IN ____ WEIGHT ____ RACE ____ SEX ____ EYES ____ HAIR ____

† SOCIAL SECURITY NUMBER MD. DRIVER LICENSE NUMBER

POSITION APPLIED FOR: _____

AUTHORIZATION NUMBER _____

ATTENTION _____

MAIL REPLY TO: _____ (NAME)

ADDRESS _____ (Number) (Street) (P.O. Box)

(City) (State) (Zip)

† Privacy Act of 1974 (PL. 93-579) applies.

*By submitting your check for payment you are opting into electronic processing. To see more details on this please visit our website at www.dpccs.state.md.us

CJIS-015 (10/08)
FAST FORMS

State Only
 State and FBI
 State and FBI Volunteer

CHRI REQUEST TYPE:
Check Only One

Adult Dependent Care
 Attorney/Client
Criminal Case # _____
 Child Care
 Criminal Justice
 Gold Seal Letter/Adoption
 Gold Seal Letter/Visa
 Government Employment
 Government
Licensing or Certification
 Immigration/Visa
 Individual Challenge
 Individual Review
 MSP Licensing
 Private Employer Petition
 Public Housing Authority

Payment Enclosed

Amount \$ _____
Check or M.O. # _____

Bill Authorization Account
(must have approved billing agreement)

Indigent (Form must be attached with verification)

One FBI fingerprint card enclosed for FBI