



Education Standards and Practices Board

2718 Gateway Avenue, Suite 204
Bismarck, ND 58503-0585
(701) 328-9641
(701) 328-9647 fax
<http://www.nd.gov/esp>

Fingerprinting Instructions

(April 2018)

The fingerprinting process can be conducted at a sheriff's office, a police department, by campus police, or by an agency authorized to take fingerprints. **Two** cards must be completed with a ten-finger check and should not be folded, bent, or altered in any way. **Every space on the top section of the fingerprint cards marked with an asterisk (*) must be filled in** (see attached **Example**). The fingerprinting agency may request the **ORI**, which is **ND920110Z**, and **Reason Fingerprinted**, which is **Teacher Licensure in accordance with NDCC 15.1-13-14**.

If your fingerprinting is processed and transmitted electronically in North Dakota, you will only receive one fingerprint card and a Fingerprint Acknowledgement Form from the fingerprint agent. The card must not be folded, bent, or altered in any way. **Every space on the top section of the fingerprint card marked with an asterisk (*) must be filled in** (see attached **Example**). The fingerprinting agency may request the **ORI**, which is **ND920110Z**, and **Reason Fingerprinted**, which is **Teacher Licensure in accordance with NDCC 15.1-13-14**.

You are responsible for any fees charged by the fingerprinting agent and any mailing fees.

1. Complete, sign, and date **ESPB Fingerprint Verification Form** and **BCI Criminal History Record Check Form**.
2. Obtain a **money order** in the amount of \$44.50 **made payable to ESPB**. (\$40 for ND BCI and FBI, \$4.50 ESPB processing fee)
3. Mail the following items to ESPB at 2718 Gateway Avenue, Suite 204, Bismarck ND 58503-0585:
 - In a sealed envelope from the Fingerprint Technician include: 2 fingerprint cards **OR** 1 fingerprint card and Fingerprint Acknowledgement Form (if your fingerprints are transmitted electronically by a law enforcement center in North Dakota), and;
 - ESPB Fingerprint Verification and BCI Criminal History Record Check Forms
 - A money order for \$44.50 made payable to ESPB

You will receive an email from espbnndteach@nd.gov once your background check has been completed. **Please keep the confirmation email for your records since it will be the only confirmation you will receive regarding the results of your background check.**

The BCI and FBI check may take six weeks or more for processing. Please allow sufficient time for the fingerprint check and completion of the licensure process before beginning any teaching position. **North Dakota law requires a current North Dakota teaching license for employment.**

Never go into a classroom to teach without a current North Dakota license. There is the possibility of being fined up to \$250, which you are responsible to pay, if you are employed as an educator without a license.

Fingerprinting requirement in accordance with NDCC 15.1-13-14. ESPB does not advocate, permit nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and

federal laws.

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK			
FD-258 (REV/3-1-10) 1110-0046		LAST NAME NAM *		FIRST NAME *		MIDDLE NAME *						
SIGNATURE OF PERSON FINGERPRINTED *		ALIASES AKA *		O R I	ND920110Z ESP BISMARCK ND			DATE OF BIRTH Month Day Year *				
RESIDENCE OF PERSON FINGERPRINTED *								DOB Year				
DATE *		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS *		CITIZENSHIP CTZ *		SEX *	RACE *	HGT *	WGT *	EYES *	HAIR *	PLACE OF BIRTH POB *
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		LEAVE BLANK						
REASON FINGERPRINTED Teacher Licensure in accordance with NDCC 15.1-13-14		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC		CLASS _____						
		MISCELLANEOUS NO. MNU				REF. _____						

1. R. 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			

EXAMPLE



ESPB Fingerprint Verification Form

Part 1 – To be completed by applicant

Please Print Legibly

Last Name	First Name	Middle Name
Maiden/Former Last Names		Social Security Number
Mailing Address		Email Address
City	State	Zip Code
Home/Cell Phone Number	Work Phone Number	Date of Birth

Pursuant to NDCC 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal record to the North Dakota Education Standards and Practices Board (ESPB), and I give ESPB permission to check for my name on the North Dakota Child Abuse and Neglect Index, as a prerequisite for teacher licensure.

Fingerprints submitted will be used to check the criminal history records of the FBI and the North Dakota BCI.

_____ **Date**

_____ **Signature of Applicant**

Part 2 – To be completed by fingerprint technician

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints. If the individual is being printed via livescan, please do NOT fill out card prior to being fingerprinted.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. *Do not give the applicant the card without first sealing it inside the envelope.*

Date:	Name of Applicant:
Name of Fingerprint Technician (print):	
Fingerprint Technician's Agency/Company Name:	
Type of Photo ID Provided (check one): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify)	

For ESPB Use Only

ND BCI Report Received _____ Clear / Hit

FBI Report Received _____ Clear / Hit



CRIMINAL HISTORY RECORD CHECK REQUEST

PURSUANT TO NDCC 12-60-24

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 60688 (06-2017)

FOR BCI USE ONLY

Check Number

Amount

Receipt Number

Receipt Date

SID

INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned.**
2. If requesting Federal Bureau of Investigation (FBI) check, attach two (2) completed fingerprint cards containing the fingerprints of the subject of the record check and remit appropriate fees.

TO BE COMPLETED BY AGENCY

Mail to Attention of Amy Folkestad	Telephone Number (701) 328-9641	
Agency Name Education Standards and Practices Board	Originating Agency Identifier (ORI) ND920110Z	
Address 2718 Gateway Avenue, Suite 204	Email Address espbinfo@nd.gov	
City Bismarck	State ND	ZIP Code 58503
Comments/Miscellaneous		

AGENCY USE ONLY

Please Check One and Remit Appropriate Fees

Record Checks for Employees/Others

- ND only, remit \$15.00
 FBI only, remit \$25.00
 ND and FBI, remit \$40.00

Record Checks for Volunteers

- ND only, remit \$15.00
 FBI only, remit \$23.75
 ND and FBI, remit \$38.75

Process Control Number (PCN)

TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name
Date of Birth	Social Security Number	
Current Address		
City	State	ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.