

Digital Fingerprinting for State & Federal Background Checks

All students are required to have State and Federal background checks completed using the digital fingerprinting method in order to proceed with clinical, externship, or practicum courses offered within the Division of Health Sciences. A separate criminal background check may also be required by the assigned site prior to being approved for an externship, clinical, or practicum at that site. If a student is denied access to an assigned clinical site because of the background check, and as a result, cannot meet the externship, clinical, or practicum requirement of the program, the student will be dismissed from the program.

MARYLAND RESIDENTS

Digital fingerprinting can be completed at Optimal Health Care, Inc or the MVA (Frederick, MD). No paper print cards are necessary. You will need to supply the officer/finger printer with the **HCC Health Sciences Division authorization number: 9000029065**. The digital prints can be processed within 48 hours, and results are available within 7-14 days. Student background check results will be kept confidential within the Division of Health Sciences and/or as requested by clinical education facilities. Listed below are some options for completing the fingerprinting/background check process.

OPTION 1

Optimal Health Care, Inc.

11377 Robinwood Dr.

Hagerstown, MD 21740

Phone: 301-790-4962 (Hagerstown location only)

Toll Free: 855-798-1898

Website (you can register on line):

www.ohc-inc.com

Other locations: Frederick, Cumberland, McHenry, Elkridge

1. Call or go to the website to make an appointment.
2. Scroll down on the main webpage to the box named "Fingerprinting".
3. Click on the large fingerprint icon.
4. From that page, scroll down to the box named "Click for Service Fees & Requirements"
5. You will be requesting Full Background (Maryland & FBI) Livescan at an approximate cost of **\$60.75**
6. Scroll down the page to see what you are required to bring to your fingerprinting appointment and read the accepted payment information.
7. Under Fingerprinting Requirements, click on the link to download and print the "Fingerprinting Application form".
8. On this form, the Agency Information is as follows:
 - a. **Agency Authorization # is: 9000029065**
 - b. **ORI # (if you're told it's required) is MD004455Y**
 - c. Reason fingerprinted ~ School internship
 - d. Position Applied for: N/A – Student
 - e. Request Type: Child Care
9. Close form and return to Service Fees & Appointment page.
10. Click on the Green button on the right side of the page to Schedule Appointment
11. At the bottom of the page, choose a location to go for fingerprinting.
12. Choose Service Type – you'll choose "Full Background – State (MD) & FBI Background Checks Livescan"
13. Under Specialist drop down menu, click on location name. Click Next.
14. Choose a date and appointment time. Click Next.
15. Complete your information, including payment information.

16. Print off or document any confirmation information you receive. Take this information with you to your appointment.

OPTION 2

Motor Vehicle Administration – Frederick, MD

1601 Bowman's Farm Road

Frederick, MD 21701

PH: 1-888-795-0011 (toll free)

Approximate cost: \$60.75

*Students pay at the time of the fingerprinting appointment.

1. **Make an appointment to get your digital fingerprints completed at the chosen site.** You will need to make an appointment to get your finger prints completed at least 2 weeks (14 days) prior to the paperwork deadline for the clinical/externship course. Background check results need to be received by the Division of Health Sciences before the deadline for students to be permitted to register for clinical/externship courses.
Fingerprinting appointments are scheduled by telephone.
2. **Travel to the chosen site for your finger printing appointment.** For fast and accurate service:
 - You must bring a valid form of government identification (ex: driver's license, certificate of naturalization, passport, alien registration card, or military identification).
 - Bring the payment with you. Major credit cards, checks, and money orders are accepted. Cash is NOT accepted.
 - Make sure to supply the officer/finger printer with the HCC Health Sciences Division authorization number: 9000029065.
 - When completing the fingerprinting/background check form, make sure you check the box marked "Childcare."
3. **The results of the State and Federal background checks will be sent to the Division of Health Sciences, contact person: Jessica Baker, Allied Health Program Manager (240-500-2606; jhbaker2@hagerstowncc.edu).**
4. **Students will not be permitted to proceed with clinical/externship courses unless background check results are received by the Division of Health Sciences on or before the paperwork deadline.**



STATE OF MARYLAND
 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
 INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
 CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVSCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name: _____

Date of Birth: _____ Social Security Number: _____ Gender: Male Female

Height: _____ ft. _____ in. Weight: _____ lbs. Eye Color: _____ Hair Color: _____

Race/Ethnicity: Black White Asian/Pacific Islander Native American Other

Place of Birth: _____ Citizenship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License Number: _____ Email Address: _____

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- Gold Seal/Adoption (Enter Authorization Number if applicable) _____
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge
- Individual Review
- Attorney/Client (Written Authorization Required)

Mailing Information:

Name: **HAGERSTOWN COMMUNITY COLLEGE**

Street Address: **11400 ROBINWOOD DRIVE**

City: **HAGERSTOWN** State: **MD** Zip Code: **21742**

AGENCY

Please select from the following (*ORI Required):

- Adult Dependent Care
- Child Care*
- Criminal Justice*
- Government Employment*
- Government Licensing or Certification*
- Maryland State Police Licensing*
- Private Party Petition**
- Public Housing

Agency Authorization Number: **9000029065**

*ORI Number: **MD004455Y**

Position Applied: **Applicant