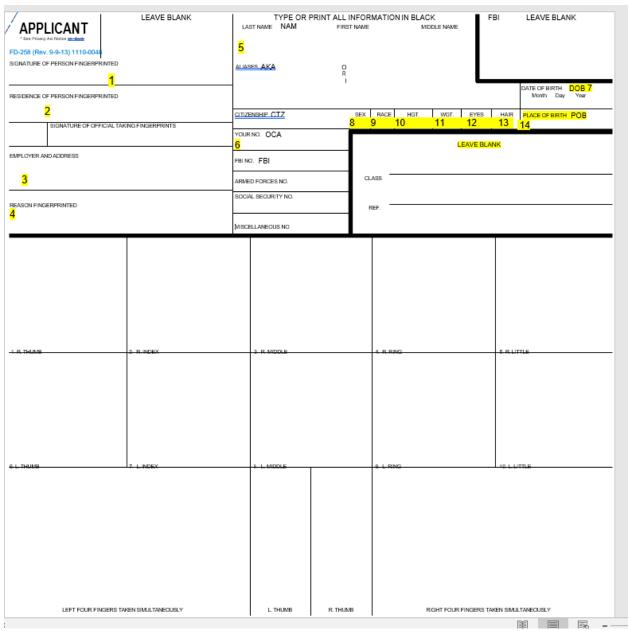
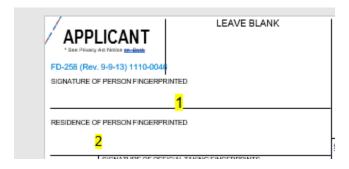
Instructions for Completing the Applicant Fingerprint Cards

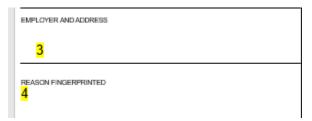
Please contact your local law enforcement agency (police department or sheriff's office) to determine the closest location that provides fingerprinting services; not all agencies do, so please call ahead. Fingerprints must be done on the FD-258 card; please verify that the agency will be able to provide you with two (2) FD-258 fingerprint cards. If your chosen fingerprinting location cannot provide these cards, you may request that they be mailed to you from the NCBDN office by emailing a request to: info@ncbdn.org.

The bearer of this letter is seeking to obtain a copy of his or her criminal history record pursuant to N.C.G.S. § 90-357.6, in order to obtain a license from the North Carolina Board of Dietetics/Nutrition (NCBDN).





- **1.** <u>SIGNATURE OF PERSON FINGERPRINTED</u>: This is a mandatory field. All fingerprint cards MUST be signed by the applicant, or they will be returned.
- **2.** <u>RESIDENCE OF PERSON FINGER PRINTED</u>: This is a mandatory field. The applicant must legibly complete the residence portion of the card.



- **3. EMPLOYER AND ADDRESS**: This is a mandatory field. Please enter legibly: North Carolina Board of Dietetics/Nutrition, 1135 Kildaire Farm Rd., Suite 200, Cary, NC 27511.
- **4.** <u>REASON FINGER PRINTED</u>: This is a mandatory field. Please enter legibly: Licensed Dietitian/Nutritionist (LDN) or Licensed Nutritionist (LN) per NCGS §90-357.6 State and Federal Search.



5. LAST NAME, FIRST NAME, AND MIDDLE NAME OF APPLICANT

This is a mandatory field. Please enter legibly: Last name, First name, and middle name.

YOUR NO. OCA

6. <u>YOUR OCA</u> (ALSO KNOWN AS THE AGENCY NUMBER) This is a mandatory field. Please enter legibly: **NCBDN0000**

DATE OF BIRTH DOB 7 Month Day Year

- **7. YOUR DOB** (Date of Birth) This is a mandatory field. Please enter your Date of Birth numerically. *Example*: May 11, 1968 should be shown as **05111968**.
- **8.** <u>SEX</u> This is a mandatory field. Sex is to be listed as $\underline{\mathbf{M}}$ for Male and $\underline{\mathbf{F}}$ for Female or $\underline{\mathbf{U}}$ for Unknown.

9. RACE

This is a mandatory field. Race is to be listed by placing an individual into one (1) of the following categories by writing the appropriate letter in the space provided.

W - White

B – Black

I – American Indian or Alaskan Native

A – Asian or Pacific Islander

Unknown if unsure or unable to determine

10-14. Boxes 10 through 14 are not mandatory, however when entered, they must follow the below formats:

10. HEIGHT Indicate the subject's height in feet and inches numerically.

Example: 6'01' = 601, 6'11'' = 611, 6' = 600

11. **WEIGHT** Indicate the subject's weight in pounds numerically.

Example: 168 or 098

12. EYES List the subject's eye color by placing one (1) of the following eye color codes in the space provided:

BLK—BlackGRY—GrayMAR—MaroonBLU—BlueGRN—GreenPNK—PinkBRO—BrownHAZ—HazelXXX—Unknown

- **13. HAIR** Color of hair should be indicated by writing one (1) of the following color codes in the space provided:
- **BAL** Bald (when subject has lost most of his hair or is hairless)

BLK - Black

BLN - Blond or Strawberry

BRO - Brown

GRY - Gray or partially

RED - Red or Auburn

SDY - Sandy

14. PLACE OF BIRTH Indicate the city and state where the subject was born. The state should be indicated by the two letter abbreviation.

Example: Boston, MA

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through THE STATE BUREAU OF INVESTIGATION to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for employment, or my employment with NC BOARD OF DIETETICS AND NUTRITION pursuant to Board of Dietetics and Nutrition - NCGS 90-357.6.

(Type or print clearly)			
Last Name	First	Middle	M aiden
Social Security Number (Optional*)	Date of Birth	Sex	Race
shall not be held legally agency, and I hereby re- incurred as a result of fu provide a HARD COPY *Disclosure of social securit	accountable in an lease said agency irnishing such info of the results of the y number is entirely	ny way for providing this and persons from any a rmation. I further under- nis criminal history record voluntary and not required. I	and its officials and employees information to the above named nd all liability which may be stand that the agency cannot d check to me. If disclosed, the social security sible criminal history records.
• • •	n the FBI identific	cation record. The proc	challenge the accuracy of the edures for obtaining a change itle 28, CFR, 16.34.
Applicant's/Employee's S	ignature	,	
Date			

This form must be maintained on file with the above named agency for one year. DO NOT MAIL THIS FORM OR A COPY OF THIS FORM TO THE STATE BUREAU OF INVESTIGATION.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

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 regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete 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. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.