

Criminal History Record Checks

A fingerprint-based criminal history record check is **required for all first time applicants** for EMS Provider certification in the State of Colorado. **Renewing applicants** are **only required** to be re-fingerprinted if they have lived out of state any time during the last 3 years.

Directions:	1) Fingerprints must be taken by a law enforcement agency on an official blue-lined fingerprint card (For information on live scans, contact the CBI directly at 303-239-4208) 2) Circle "FBI" in box 24 of the fingerprint card if you have lived out of state any time during the past 3 years 3) Mail or deliver your completed fingerprint card with payment to: <div style="text-align: center;"> Colorado Bureau of Investigation 690 Kipling Street, Suite 318 Denver, CO 80215 </div>	
Tips:	1) Take these instructions with you when you get fingerprinted, as proper coding of the fingerprint card (specifically boxes 5 and 11, as shown on the following page) is vital for successful processing 2) Early submission of fingerprint cards to CBI is strongly encouraged, as processing may take 4 to 6 weeks 3) DO NOT send your fingerprint cards and payment to the Department, as this will delay the processing of your application 4) CBI accepts certified checks, cashier's checks, money orders or preprinted business checks. Visa/MasterCard or cash are accepted for hand delivered requests only. 5) RESULTS of your fingerprinting will come directly to the Department – please wait at least four weeks before calling to see if we have received the results 6) CBI processes fingerprint cards; they DO NOT take fingerprints 7) Do not fold or staple cards and please type or print legibly	
Fees:	CBI Only: \$17.50	CBI with FBI (if you've lived out of state any time during the past 3 years): \$39.50
Additional Information:	CBI website http://www.cbi.state.co.us/id/index.html or 303-239-4208	

The following tips may expedite the processing of your application:

①	<i>The Colorado EMS Provider certification application must be complete, legible, signed and dated before it can be processed</i>
②	<i>Submit your original application – photocopies will not be accepted</i>
③	<i>Include copies of your proof of identification and CPR card (and ACLS card if applicable) with your application packet</i>
④	<i>Do not include payment (unless you qualify for and are applying for provisional certification)</i>
⑤	<i>If using the continuing education/skills competency option to renew your certification, you do not need to include transcripts or records with your application</i>
⑥	<i>If renewing, include your expiration date in box 3b on page 1</i>

FINGERPRINT CARD FIELD EXPLANATIONS

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK										FBI	LEAVE BLANK			
		LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME											24	
1	SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I											
2	RESIDENCE OF PERSON FINGERPRINTED		8											DATE OF BIRTH <u>DOB</u> Month Day Year 23		
3 A	3 B	DATE		10	SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH <u>POB</u>					
		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS				16	17	18	19	20	21	22				
		EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>		LEAVE BLANK										
		4 Colorado Dept of Public Health 4300 Cherry Creek Drive South Denver, CO 80246		FBI NO. <u>FBI</u>												
				11 CONCJ3150												
				12									CLASS			
		13		REF.												
		14														
		REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>												
		5 CRS 25-3.5-203 EMT Certification		15												
				MISCELLANEOUS NO. <u>MNU</u>												
		6														

SAMPLE

1	SIGNATURE	Signature of person being fingerprinted
2	RESIDENCE	Complete mailing address of person fingerprinted: city, state and zip code
3A	DATE	Date fingerprints taken
3B	SIGNATURE OF LEO	Signature of Law Enforcement Official taking fingerprints
4	EMPLOYER	Colorado Dept of Public Health 4300 Cherry Creek Drive South Denver, CO 80246
5	REASON FINGERPRINTED	Print: CRS 25-3.5-203 EMT Certification
6	FINGERPRINTS	All applicant prints must be taken by a law enforcement agency
7	NAME	Last, First, Middle Name
8	AKA	Maiden name, other married name or any other name used
9	ORI	To be filled in by Law Enforcement Official
10	CITIZENSHIP	U.S. OR Alien Registration number (if applicable)
11	OCA	Print CBI account number: CONCJ3150
12	FBI	Leave this field blank
13	ARMED FORCES	Leave this field blank
14	SOC	Social Security Number
15	MISCELLANEOUS	Leave this field blank
16	SEX CODES	M (Male) or F (female)
17	RACE CODES	W (White or Hispanic), B (Black), A (Asian), I (Indian)
18	HEIGHT	Feet and Inches (5'6"=506, 6'=600)
19	WEIGHT	090, 100, 250, etc. (pounds)
20	EYE CODES	BLK-Black, BLU-Blue, BRO-Brown, GRN-Green, GRY-Gray, HAZ-Hazel
21	HAIR CODES	BAL-Bald, BLK-Black, BLN-Blonde, BRO-Brown, GRY-Gray, RED-Red/Auburn, WHI-White
22	POB	Place of Birth (State 2-letter code only) or Country
23	DOB	Date of Birth (MM DD YYYY format)
24	FBI	Circle "FBI" if requesting an additional FBI check (\$39.50 payment required)