



Colorado Emergency Medical Services Provider Certification Fingerprint Instruction Guide

*Current Colorado certification is required to practice as an EMS Provider in Colorado
 NREMT certification does not constitute Colorado certification
 Colorado does not recognize EMS Provider certification from other states*

Criminal History Record Checks			
<p>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.</p>			
<p>Directions:</p>	<ol style="list-style-type: none"> 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. Your fingerprints will be used to check the criminal history records of the FBI. 3) Make payment out to "State of Colorado" 4) 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> 		
<p>Tips:</p>	<ol style="list-style-type: none"> 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 2 to 3 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 		
<p>Fees:</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">CBI Only: \$17.50</td> <td>CBI with FBI (if you've lived out of state any time during the past 3 years): \$39.50</td> </tr> </table>	CBI Only: \$17.50	CBI with FBI (if you've lived out of state any time during the past 3 years): \$39.50
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<p>Additional Information:</p>	<p>CBI website http://www.cbi.state.co.us/id/index.html or (303) 239-4208 Challenging FBI criminal history records https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary</p>		

Fingerprint Card Field Explanations

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK					FBI 24	LEAVE BLANK			
		7 LAST NAME NAM	FIRST NAME	MIDDLE NAME							
SIGNATURE OF PERSON FINGERPRINTED 1		ALIASES AKA 8		O R I 9							
RESIDENCE OF PERSON FINGERPRINTED 2							DATE OF BIRTH Month Day Year 23				
		CITIZENSHIP CTZ 10		SEX 16	RACE 17	HGT. 18	WGT. 19	EYES 20	HAIR 21	PLACE OF BIRTH 22	POB
DATE 3A	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 3B		YOUR NO. OCA 11 CONCJ3150		LEAVE BLANK						
EMPLOYER AND ADDRESS 4 Colorado Dept of Public Health 4300 Cherry Creek Drive South Denver, CO 80246		FBI NO. FBI 12		ARMED FORCES NO. MNU 13		CLASS					
REASON FINGERPRINTED 5 CRS 25-3.5-203 EMT Certification		SOCIAL SECURITY NO. SOC 14		REF.							
		MISCELLANEOUS NO. MNU 15									
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)