Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find an approved Livescan Service Provider at: http://www.flhealthsource.gov/background-screening/ (Select Locate a Provider).
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- The ORI number for the **Board of Medicine is EDOH4510Z**.
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, including your Social Security number (SSN);
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____ Social Security Number: _____

Aliases: _____ Date of Birth: _____
(MM/DD/YYYY)

Citizenship: _____ Place of Birth: _____

Race: _____ Sex: _____

White/Latino(a); **B**-Black; **A**-Asian; **NA**-Native American; **U**-Unknown)   (**M**=Male; **F**=Female)

Weight: _____ Height: _____

Eye Color:_____ Hair Color: _____

Address:_____ Apt. Number: _____

City:_____ State:_____ Zip Code: _____

Transaction Control Number (TCN#):_____
(This will be provided to you by the Livescan service provider.)

Keep this form for your records.