



INSTRUCTIONS FOR USING LIVE SCAN FINGERPRINTING AS A CONDITION OF LICENSURE

I. FINGERPRINT REQUIREMENTS

All applicants for Registered Dental Hygienists (RDH) and Registered Dental Hygienists in Alternative Practice (RDHAP) are required to submit their fingerprints as a condition of license to the Department of Justice (DOJ) for the purpose of conducting a search for criminal history in state (DOJ) and federal (Federal Bureau of Investigation or FBI) databases.

Fingerprint Fees

The DOJ and FBI have each established fingerprint processing fees that are subject to change by that agency without notice. Pursuant to Section 11105(e) of the Penal Code, the costs for these services are paid by the licensee. As of this printing those fees are:

DOJ FINGERPRINT PROCESSING FEE \$32.00

FBI FINGERPRINT PROCESSING FEE \$17.00

The fingerprint processing fees must be paid at the Livescan site at the time that you obtain your Livescan fingerprints. Please be aware that these processing fees are in addition to a service or "rolling" fee that may be charged by the Livescan site. Check with the Livescan site for acceptable forms of payment.

II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at the Livescan site. Once your fingerprints have been scanned, the Livescan operator will complete Box 4 of this form and return the second and third copies to you. **PLEASE SEND THE SECOND COPY OF THIS FORM, WITH BOX 4 COMPLETED BY THE LIVE SCAN OPERATOR, TO THE COMMITTEE ONLY WHEN SUBMITTING YOUR APPLICATION FOR LICENSURE.** Retain the third copy for your records. You are required to retain a record of your fingerprint submission for 3 years.

Livescan fingerprint processing is offered at most local police and sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Livescan sites is available at the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>. **CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You will be required to present valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

PLEASE NOTE:

- **Your name must be identical to your name as printed on your license application.**
- You must complete all items as indicated below.
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

Box 1: No action is required.

Box 2: Please provide personal information.

Box 3: No action is required.

AKA's - Indicate all other names used (i.e., maiden name, previous married names, and/or alias names)

DOB - Indicate your month/day/year of birth (mm/dd/yyyy)

HT - Indicate your height in feet and inches using a three-digit code (first digit = feet, second and third digits = inches)

EXAMPLE: 5 feet 9 inches = 509

WT - Indicate your weight in pounds

Hair Color - Indicate hair code abbreviation:

BAL – Bald	BRO – Brown	SDY - Sandy
BLK – Black	GRY – Gray	WHI - White
BLN – Blonde	RED - Red	

POB - Indicate the state or country of birth

SOC - Enter your social security number

CDL - Enter your California Driver's license number. Please leave blank if you do not have a California Driver's License.

HOME ADDRESS – Applicant's current residence.

Box 3:

Your Number – No action required

Level of Service – No action required.

Box 4: This will be completed by the Livescan operator. Employer information is not necessary for this application.

Once your fingerprints have been scanned, the Livescan operator will complete Box 4 of this form and return the second and third copies to you.

REMEMBER, IT IS NECESSARY TO INCLUDE THE SECOND COPY OF THE FORM TO THE DHCC WITH YOUR APPLICATION FOR LICENSURE.

**IMPORTANT LICENSEE FINGERPRINT INFORMATION
PLEASE READ CAREFULLY**

The Committee requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all licensees.

The Livescan **must** be completed in California.

Live Scan

Live Scan is a system for the electronic submission of fingerprints. DOJ is able to process up to 95% of live scan fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

The DOJ requires that you use Livescan to submit your fingerprints. Please use the enclosed ***Request For Livescan Service Applicant Submission form. (Form BCII 8016)***. Carefully follow these instructions for obtaining live scan fingerprints.



DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street, Suite 2050 Sacramento, CA 95815
T (916) 263-1978 F (916) 263-2688 | www.dhcc.ca.gov



REQUEST FOR LIVE SCAN SERVICE

Form with fields for ORI (A0638), Type of Application (License, Certification, Permit), Job Title (Hygienist Lic 1916 BPC), Agency Address (Dental Hygiene Committee of California), Applicant Information (Name, DOB, HT, POB, SOC), and Agency Information (Your Number: RDH, Level of Service: DOJ, FBI).



REQUEST FOR LIVE SCAN SERVICE

ORI: <u>A0638</u> Type of Application: <input checked="" type="checkbox"/> License, Certification, Permit		
Code assigned by DOJ		
Job Title or Type of License, Certification or Permit: <u>Hygienist Lic 1916 BPC</u>		
Agency Address Set Contributing Agency:		
<u>Dental Hygiene Committee of California</u>		<u>05635</u>
Agency authorized to receive criminal history		Mail Code (five-digit assigned by DOJ)
<u>2005 Evergreen Street, Suite 2050</u>		
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
<u>Sacramento, CA 95815</u>		<u>(916) 263-1978</u>
City	State	Zip Code
		Contact Telephone No.
Name of Applicant:		
(Please Print)	Last	First Middle
AKA's		CDL No.
Last	First	
DOB:	WT:	Misc. No. <u>BIL – APPLICANT TO PAY</u>
HT:	HAIR color:	Agency Billing Number (if applicable)
		Home Address:
POB:	Street or PO Box	
SOC:	City, State and Zip Code	
Your Number: <u>RDH</u>		
OCA No. (Agency Identifying No.)		
Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>		
If resubmission, list Original ATI No. _____		
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)		
Employer Name _____		
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)
City State Zip Code		Agency Telephone No. (Optional)
Live Scan Transaction Completed By: _____		Date _____
Name of Operator		
Transmitting Agency	ATI No.	Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

ORI: <u>A0638</u> Type of Application: <input checked="" type="checkbox"/> License, Certification, Permit Code assigned by DOJ		
Job Title or Type of License, Certification or Permit: <u>Hygienist Lic 1916 BPC</u>		
Agency Address Set Contributing Agency: <u>Dental Hygiene Committee of California</u>		
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 2050</u>		Mail Code (five-digit assigned by DOJ) <u>05635</u>
Street No. <u>Sacramento, CA 95815</u>	Street or PO Box	Contact Name (Mandatory for all school submissions) <u>(916) 263-1978</u>
City	State	Zip Code
Name of Applicant: (Please Print) Last First Middle		
AKA's Last First		CDL No.
DOB:	WT:	Misc. No. <u>BIL – APPLICANT TO PAY</u>
HT:	HAIR color:	Agency Billing Number (if applicable)
POB:	Home Address: Street or PO Box	
SOC:	City, State and Zip Code	
Your Number: <u>RDH</u> OCA No. (Agency Identifying No.)		
Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>		
If resubmission, list Original ATI No. _____		
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)		
Employer Name _____		
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)
City	State	Zip Code
Agency Telephone No. (Optional)		
Live Scan Transaction Completed By: _____ Name of Operator		Date _____
Transmitting Agency	ATI No.	Amount Collected/Billed