

# **FINGERPRINT CARD WILL BE MAILED TO APPLICANT UPON RECEIPT OF APPLICATION AND APPLICATION FEE**

Completing your fingerprint card:

**The card must be returned directly from the applicant and not through a 3<sup>rd</sup> party to be valid. If received from anyone other than the applicant's home address, card will be rejected.**

DO **NOT** USE HIGHLIGHTER OR FOLD CARD

MUST BE FINGERPRINTED BY AN OFFICIAL - Take to your local police department, sheriff's office, or testing facility.

Printing may be done using *LiveScan*. Official is allowed to print on the card you provide.

## **RETURN PRINT CARD**

Using a black or blue pen, print clearly and complete the following information (*starting at the top of the card*):

- Last Name, First Name, Middle Name
- Sign the card
- Print your current address
  
- Have the official taking the prints:
  - Sign and date
  
- List all Aliases
- Citizenship
- Social Security Number
- Date of Birth
- Sex
- Race
- Height
- Weight
- Eye
- Hair
- Place of Birth (City, State or Country)

These fingerprints will be used to check your criminal history, by the Idaho State Police and FBI.

Return fingerprint card **and** privacy statement to:

Division of Occupational & Professional Licenses  
Board of Medicine  
PO Box 83720  
Boise, ID 83720-0063

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