



State of Idaho

Division of Occupational and Professional Licenses

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

Idaho Board of Medicine Fingerprint Process

Fingerprints will be collected on FD-258 card or processed at a Livescan location. You **MUST** make sure that the correct ORI and Reason Fingerprinted are entered into the ORI field and Reason Fingerprinted on the fingerprint card*.

Where to Get Fingerprinted:

- Contact your local law enforcement office to ask about fingerprinting services, **or**
- Visit a **Livescan location** near you.

⚠ Important: The following fields must be entered exactly as shown below:

- **ORI:** ID920140Z (Board of Medicine)
- **Reason Fingerprinted:** IDC-54-1810 & 54-1811 Idaho Medical Licensure

If either the ORI or the Reason Fingerprinted fields are incorrect or left blank, your prints will be rejected. In that case, you will be responsible for having your prints taken again and for paying any associated fees. Fingerprints cannot be transferred or reused once submitted.

*Mail completed FD-258 card to:

Idaho Board of Medicine
PO Box 83720
Boise, Id 83720-0063

INSTRUCTIONS FOR COMPETING FINGERPRINT CARD

Type or Print All Information in **BLACK** ink

DO NOT BEND OR FOLD CARD

COMPLETE ONLY THE FOLLOWING BLOCKS ON THE FINGERPRINT CARD AS INDICATED:

1. **SIGNATURE OF PERSON BEING FINGERPRINTED.** A legible signature of the person being fingerprinted must appear in this space.
2. **RESIDENCE OF PERSON BEING FINGERPRINTED.** Complete number, street, state, and ZIP code
3. **LAST NAME (NAM) – FIRST NAME – MIDDLE NAME.** PRINT your last name, first name, and middle name in the appropriate boxes.
4. **ALIASES (AKA) –** List any and all alias names or nicknames, maiden name, or other married name if applicable
5. **CITIZENSHIP (CTZ) –** Indicate American Citizenship (**US**) or other nationality
6. **SEX –** Indicate **M** (Male) or **F** (Female)
7. **RACE –** Indicate **W** (White), **B** (Black), **H** (Hispanic), **I** (American Indian or Alaskan Native), **A** (Asian or Pacific Islander) or **O** (Other)
8. **HEIGHT –** Indicate height in feet and inches, using all numerals, for example 6' 1" = 601
9. **WEIGHT –** Indicate weight in pounds, using all numerals, for example 135 pounds = 135
10. **EYES –** List eye color:

Black – BLK	Blue – BLU	Brown – BRO
Gray – GRY	Green – GRN	Hazel -- HAZ

11. **HAIR –** List hair color:

Black – BLK	Blond or Strawberry Blond – BLN
Brown – BRO	Gray or Partially – GRY
Sandy – SDY	Red or Auburn – RED
Bald (if hairless or lost most of hair) – BAL	

12. **DATE OF BIRTH –** Indicate Month / Day / Year
13. **PLACE OF BIRTH –** Indicate the city and state where you were born. Abbreviate the state name
14. **DATE –** the law enforcement official taking the fingerprints will indicate the date he/she takes the prints
15. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS.** The law enforcement official that performs the fingerprinting will sign his/her name
16. **EMPLOYER AND ADDRESS –** Print the name of the company where you are/will be employed, and include the street address, city, state, and Zip Code. (OPTIONAL)

17. SOCIAL SECURITY NUMBER – Indicate your social security number (OPTIONAL)

There must be a legible fingerprint impression in each box. **DO NOT BEND OR FOLD CARD**