



Fingerprint Background Check Guide

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Security Clearance Information

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.

Illinois Fingerprint Vendors

1. Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by [clicking here](#). The Illinois State Police will transmit electronic results of fingerprint processing to the Department.
 - Applicants *fingerprinted in Illinois* will **no longer** be required to submit a physical copy of their live scan receipt as a part of their initial license application. Instead, they will be required to enter their 16 digit **Transaction Control Number (TCN)** found on the fingerprint receipt issued by their licensed fingerprint vendor.
 - Applicants *should still* retain a copy of this fingerprint receipt until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

Out-of-State Fingerprint Vendors

Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:

1. Obtain one (1) Illinois State Police (ISP) **Fee Applicant Card** for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at <http://www.idfpr.com/>. The ISP will transmit electronic results of the fingerprint processing to the Department.
2. Complete Section 1 of the **Identity Verification Certifying Statement form (OOS-FP)**. See the end of this packet for form OOS-FP.
3. The **Fee Applicant Card** shall be taken to a police department in another state to obtain classifiable prints.
4. Section 2 of the **Identity Verification Certifying Statement form (OOS-FP)** shall be completed and signed by the police department.
5. [Click here](#) to select a licensed Illinois fingerprint vendor that has “Card Scan” capability. Contact the vendor to determine the fee for a “Card Scan”.
6. Mail the original **Identity Verification Certifying Statement form (OOS-FP)** (with Sections 1 and 2 completed), **Fee Applicant Card** and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
7. To verify applicants have completed the fingerprinting process, IDFPR will require applicants to enter the 16 digit **Transaction Control Number (TCN)** found on their *Fee Applicant Card* issued by the Illinois State Police. This number can be found in the upper-right hand corner of the *Fee Applicant Card* and begins with the letters **‘FRM’**.

Applicants *should still* retain a copy of all OOS-FP-related forms until their license has been issued, as the Department may request a copy of it if any issues in the fingerprinting process arise during the application process.

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

IDENTITY VERIFICATION CERTIFYING STATEMENT

OOS-FP

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)	
ADDRESS: (STREET/CITY/STATE/ZIP)		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: () -
PRINTING AGENT'S NAME: LAST	FIRST

I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:	
REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:
DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

