

FIRELANDS REGIONAL MEDICAL CENTER SCHOOL OF NURSING

**STATE AND FEDERAL CRIMINAL BACKGROUND CHECK
REQUIRED FOR LICENSURE AS AN RN**

RESULTS MUST GO TO THE OHIO BOARD OF NURSING

_____ has completed the state and federal criminal
background check on _____
(Date)

At: Firelands Corporate Health Center
5420 Milan Road
Sandusky, OH 44870
(419) 557-5052

Signature
(Corporate Health Representative)

Please have the Firelands Corporate Health Center Representative forward this
signed form to:

Holly Price, Director
Firelands Regional Medical Center School of Nursing
1912 Hayes Avenue
Sandusky, OH 44870

Webcheck # _____

Log# _____

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Phone # _____

City _____

Email Address _____

Reason for background check: Required for Licensing Permit

Direct Copy to (circle only one):

Address for results to be mailed to:

Ohio Board of Nursing
17 South High St., Suite 400
Columbus, Ohio
43215-7410

Ohio Department of Education

Ohio Board of Nursing

Ohio Department of Public Safety

Ohio Department of Liquor Control

Ohio State Racing Commission

None

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the Ohio Board of Nursing. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print) _____

Witness Name (please print) _____

Applicant's Signature _____ (date) _____

Witness Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature (Minor Applicants only) _____

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.