



Out of State Physician, Who is Unable to Complete
the Fingerprinting Process at OhioHealth.

Effective January 1, 2009: all new applicants applying for membership at a central Ohio OhioHealth hospital will be required to have a criminal background investigation conducted by both the BCII and FBI. The fingerprinting will be conducted only at initial application. If you are currently in a formal training program and/or are practicing out of the State of Ohio and are unable to complete the fingerprinting requirement at an OhioHealth hospital (Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital and / or Grady Memorial Hospital) you may choose to meet this requirement by following these instructions: (All fees associated with this process are at the applicant's expense.)

Applicants Are Required To Submit a Request to Both the BCII and FBI

Step 1: Obtain the Fingerprint Impression:

The physician may obtain fingerprints from local Law Enforcement if available. You will need to request 2 "Notarized" sets of original rolled impression of all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impression). Any fees that Law Enforcement may charge are at the applicant's expense.

Step 2: How to Request a Copy of a BCII Record:

- Complete Request for Copy of Ohio Background check (attached)
- Complete Request for Exemption from Electronic Fingerprint Submission Requirement (attached)
- Sign both forms.
- Request that the BCII Report be sent to the following:

**OhioHealth Group Credentialing Services
445 Hutchinson Ave., Ste 550
Columbus, OH 43235**

- Include all applicable fees.
- Send your Request for Copy of Background Check, Exemption Forms, original set of fingerprint impression and payment to the following:

**BCII
P.O. Box 365
London, OH 43130**

BCII can be reached at 740-845-2000

Step 3: How to Request a Federal Bureau of Investigation (FBI) Identification Report:

- Visit the Federal Bureau of Investigation Record Request website: <http://www/fbi.gov/hq/cjisd/fprequest.htm> to download the information necessary to request a FBI Record Check.
- Read the FAQ's Regarding Record Request for any questions.
- Request that the FBI Report be sent to the following:

**OhioHealth Group Credentialing Services
445 Hutchinson Ave., Ste 550
Columbus, OH 43235**

- Include all applicable fees.
- Send your request, original set of fingerprint impression and payment to the following:

**FBI CJIS Division – Record Request
100 Custer Hollow Rd
Clarksburg, WV 26306**

FBI can be reached at 304-625-5590

Please Note: If any of the above items are missing or incomplete, the request will be returned to you. Allow approximately 3-4 weeks for processing upon receipt to both BCII and FBI. Failure to complete the criminal background investigation requirement will terminate the process.



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

REQUEST FOR COPY OF BACKGROUND CHECK PROCEDURES

The following is a clarification for the “certified letter” procedure from the Ohio Bureau of Criminal Identification and Investigation.

A request for a copy of a background check, as it pertains to working with children, the elderly or certain types of licensing, must include the individual’s name, social security number, date of birth, home address, or the agencies name, address and OCA/agency number. **The applicant’s signature is required for processing.**

The background check is valid for one year from the date the fingerprint card was processed.

Pursuant to House Bill 223, effective November 16, 1995, the letter may be photocopied by the prospective employer and the original retained by the applicant.

The fee for each copy of a background check is \$8.00. If the request letter accompanies the fingerprint card it will be processed free of charge. **WEBCHECK** request must be received within 30 days of fingerprinting to qualify for a free copy.

Payment must be made with a money order, certified check or company check, made payable to: Treasurer, State of Ohio. **NO PERSONAL CHECKS OR CASH WILL BE ACCEPTED.**

Thank you
Civilian Identification



Ohio Bureau of Criminal Identification and Investigation

P.O. Box 365
London, OH 43140
Telephone: (740) 845-2000
Facsimile: (740) 845-2020



An Internationally Certified
Law Enforcement Agency



An ASCLD/LAB® Accredited
Laboratory (since 2002)

www.ag.state.oh.us



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

REQUEST FOR COPY OF OHIO BACKGROUND CHECK:

PLEASE GIVE THE SPECIFIC REASON FINGERPRINTED OF YOUR LAST BACKGROUND CHECK: _____

NAME: _____

SSN: _____ DOB: _____

SEND BACKGROUND RESULT TO:

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

_____ PLEASE CHECK IF YOU WANT YOUR RESULTS SENT TO THE OHIO DEPARTMENT OF EDUCATION FOR TEACHER CERTIFICATION.

Return this letter with your **money order, certified check, or company check for \$8.00, payable to Treasurer, State of Ohio.**

I hereby certify that I have given the above mentioned person or agency permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation.

***REQUIRED:**

APPLICANT'S SIGNATURE: _____ DATE: _____

PHONE NUMBER WHERE APPLICANT CAN BE REACHED: _____



Ohio Bureau of Criminal Identification and Investigation

P.O. Box 365
London, OH 43140
Telephone: (740) 845-2000
Facsimile: (740) 845-2020



An Internationally Certified
Law Enforcement Agency



An ASCLD/LAB[®] Accredited
Laboratory (since 2002)

www.ag.state.oh.us



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

Request for Exemption from Electronic Fingerprint Submission Requirement

Bureau of Criminal Identification and Investigation
P.O. Box 365
London, Ohio 43140

Instructions: Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Mail this form, together with your fingerprint card(s), to the above address.

APPLICANT'S NAME:

LAST FIRST M.I.

APPLICANT'S HOME ADDRESS:

Street City County State Zip

EMPLOYER or LICENSING AGENCY:

BASIS FOR EXEMPTION:

1. No regional access (> 75 miles) to electronic fingerprinting services:

Nearest electronic fingerprint site: (Refer to public sites listed on the Attorney General's website at <http://www.webcheck.ag.state.oh.us/webcheckcommunity.htm>)

Business Name Address

2. Other (see information sheet):

I request an exemption from the mandatory electronic fingerprint submission requirement. I certify that the information I have provided on this request is true and correct.

Applicant's Signature

Date

The Ohio Attorney General's Office, Bureau of Criminal Identification and Investigation will evaluate your request and determine if adequate justification exists to accept your fingerprint card(s) in order to process this request for criminal background check information for employment, licensing, certification, child placement, adoption or personal use.



Ohio Bureau of Criminal Identification and Investigation

P.O. Box 365
London, OH 43140
Telephone: (740) 845-2000
Facsimile: (740) 845-2020



An Internationally Certified
Law Enforcement Agency



An ASCLD/LAB® Accredited
Laboratory (since 2002)

www.ag.state.oh.us