



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 8-10 weeks for processing upon receipt to both BCII and FBI. Failure to complete the criminal background investigation requirement will terminate the process.**



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**RICHARD CORDRAY**  
OHIO ATTORNEY GENERAL

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**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



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**Ohio Bureau of Criminal Identification and Investigation**

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



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Law Enforcement Agency



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Laboratory (since 2002)

[www.ag.state.oh.us](http://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: \_\_\_\_\_



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**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.



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