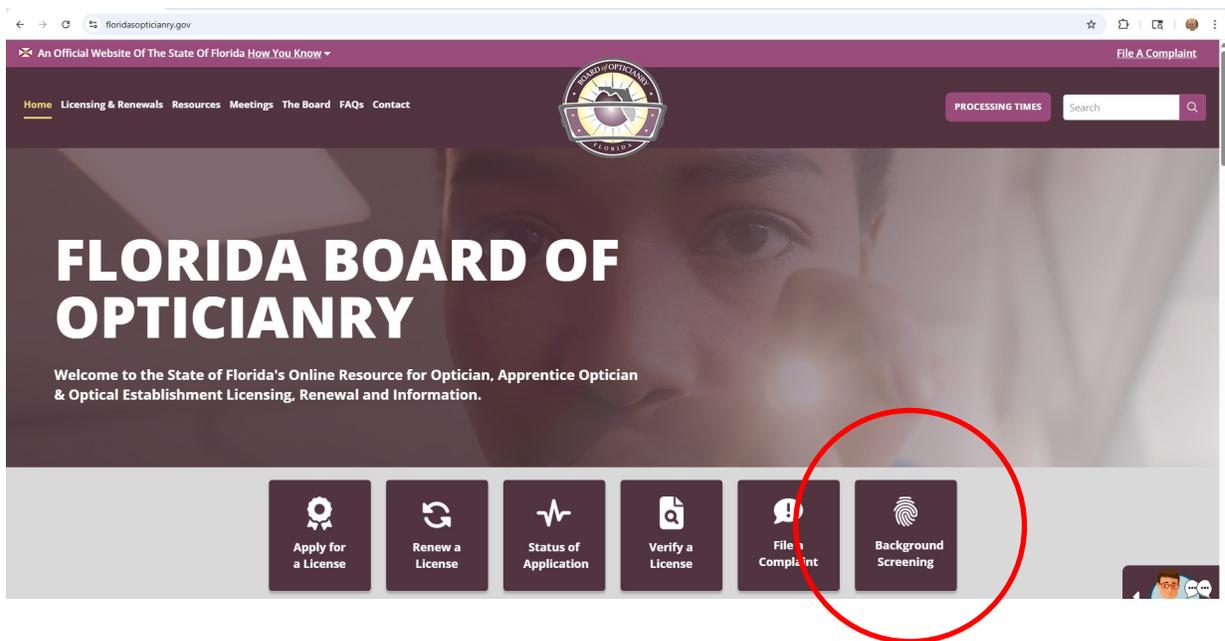
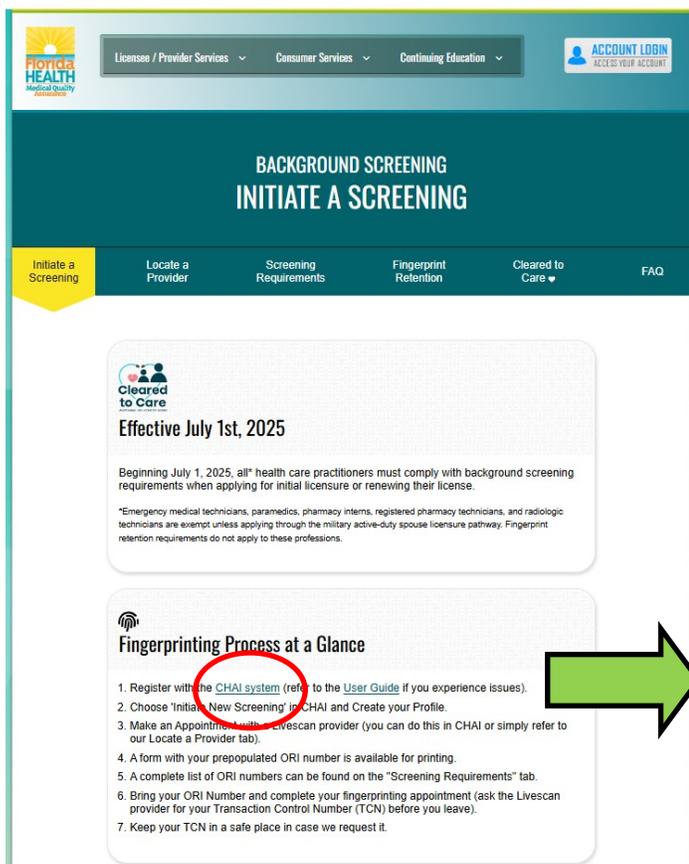


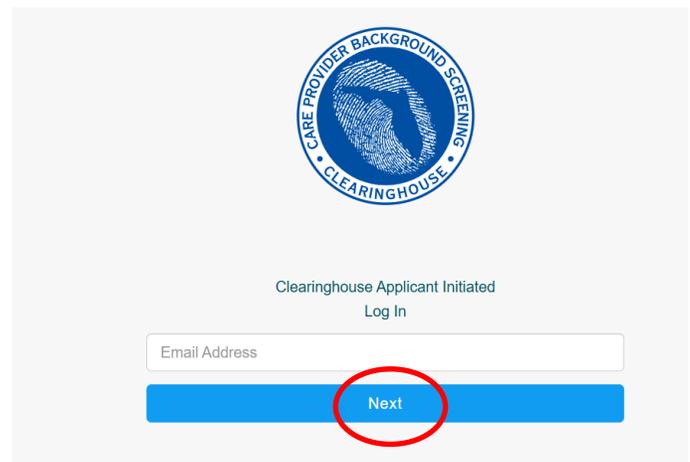
1. Start at the Board website: floridasopticianry.gov and click on the “Background Screening” tab



2. Click on the CHAI system link

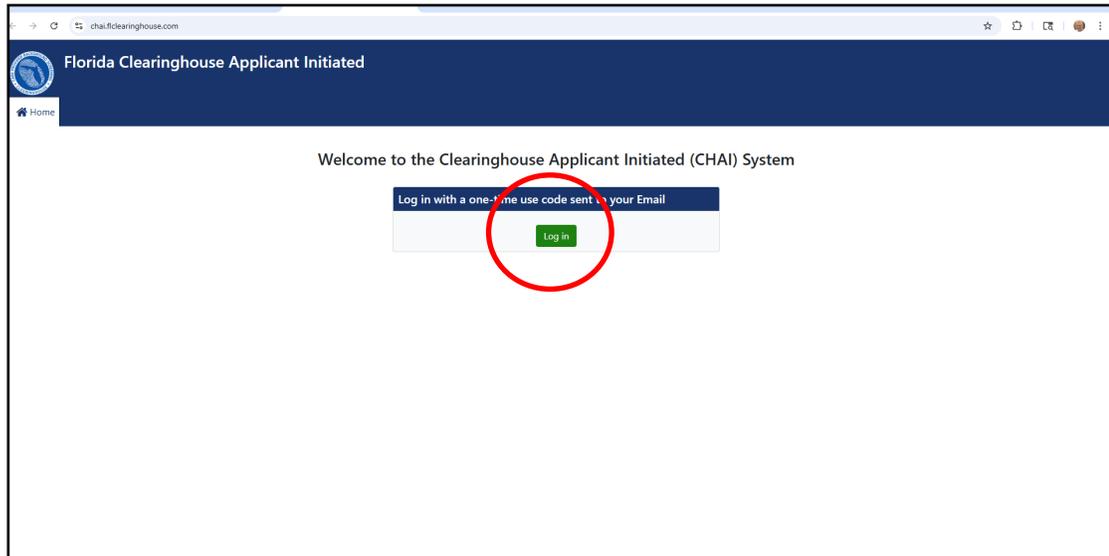


3. Enter your email address, then click on the blue “Next” tab

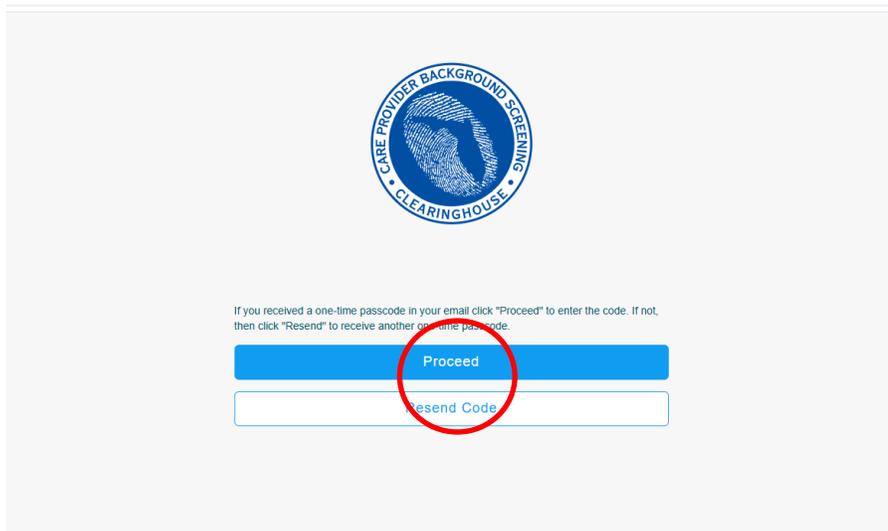


If you are computer-confident you should be able to find your way through the process on your own, If not, feel free to follow this step-by-step guide, continuing with Step #3, above.

4. You will be directed to Florida Clearinghouse Application Initiation page. Click on the green “Log In” box

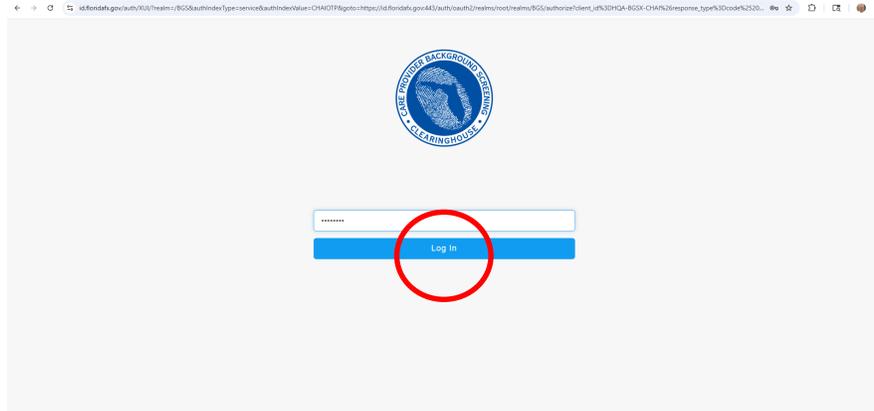


5. You will be directed to this page, which begins one of many security measures. Click on the blue “Proceed” button and you will be emailed a one-time passcode



6. Check your email. You should have received a one-time verification code. If you did, proceed to the next step, by clicking the blue “Proceed” box If you did not, click on the white “Resend Code” box

7. Enter the code and click on the blue "Log In" tab



8. You will be directed to the Personal Profile page. Fill in your SSN, last name, and date of birth. If you are already in the system it will go right through. If not, you will be directed to a page to enter some additional personal information.

A screenshot of the Florida Clearinghouse Applicant Initiated page, specifically the "Confirm Person Profile" form. The page has a dark blue header with the Florida Clearinghouse logo and navigation links. The form is titled "Confirm Person Profile" and contains several input fields for personal information. The form is organized into two main sections. The first section includes fields for First Name (ANDREA), Middle Name (optional) (KAY), Last Name (RECORD), Suffix (optional), Aliases (optional), SSN (XXX-XX-5809), Date of Birth (01/11/1956), Place of Birth (Virginia), Mailing Address (10277 Cara Street), Apt/Unit/Suite (optional), City (SPRING HILL), State (Florida), Zip Code (34608), Phone Number ((352) 848-4222), and Email Address (anthony@opticalseminars.com). The second section includes fields for Sex (FEMALE), Race (WHITE), Hair Color (Brown), Eye Color (Green), Height (5' 06"), and Weight (145). A legend at the bottom left indicates that fields with an asterisk are required. The browser's address bar shows the URL: chai.flclearinghouse.com/Person/PersonProfile?screeningTrackingId=f90cc59a-77ad-4e39-8f80-8f8094b12036&personId=12d08d06-fb21-4d76-bf50-055aef72fa9c. The system tray at the bottom shows the date and time as 1:11 PM on 6/10/2025.

9. On the next page, once again, enter your SSN, last name, and date of birth. Then click on the green “Search” tab

Search for your profile

SSN

XXX-XX-XXXX

Social Security Number is required per Florida Statute 435.12(2)(d). If an individual cannot legally obtain a social security number, they must provide an individual taxpayer identification number (ITIN).

Last Name

Date of Birth

MM/DD/YYYY

Search

10. On the Provider/Position page, scroll down and choose “Optician” and then click on the green “Next” tab

Florida Clearinghouse Applicant Initiated

Search Home Help Privacy Policy Log Out

Enter Provider/Position

Home > Initiate New Screening > Confirm Person Profile > Enter Prior States > Enter Provider/Position

Select Provider/Profession from the drop down list below:

Agency
Department of Health

Provider/Profession
-- Please Select --

Next

11. On the next page, read and confirm you have read the Privacy Policy by clicking on the green “Next” box

Florida Clearinghouse Applicant Initiated

Search Home Help Privacy Policy Log Out

Confirm Privacy Policy

Home > Initiate New Screening > Enter Person Profile > Enter Prior States > Enter Provider/Position > Confirm Privacy Policy

Federal law requires we provide you a copy of FBI/FDLE Privacy Policy

Please review and affirm the Privacy Policy

1 of 6 pages

Next

12. On the next page, you will select a Livescan Service Provider. The easiest way is to simply select your county name and then click on the blue “Search” tab

Florida Clearinghouse Applicant Initiated anthony@opticalseminars.com

Search Home Help Privacy Policy Log Out

Select Livescan Service Provider

Home > Initiate New Screening > Person Profile > Enter Prior States > Enter Provider/Position > Confirm Privacy Policy > Select Livescan Provider

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan Service Provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Location Name Zip Code City

County State

-- Please Select -- Florida

Search

Continue without making an appointment

Livescan Locations

Name	Address	City	County	Phone	Appointment	Cost	Hours	Action
Fieldprint	Lincoln Avenue	Lake Wales	Polk	8776144364	Appointment required, please see website		M TU W TH F 09:30 AM - 05:00 PM SA 11:00 AM - 03:00 PM Unavailable: SA 11:50 AM - 12:50 PM	Make Appt
Fieldprint	West Camino Real	Boca Raton	Palm Beach	8776144364	Appointment required, please see website		M TU W TH F 09:30 AM - 04:30 PM	Make Appt

13. Choose the provider closest to you, and then click on the blue “Make Appt” tab

Florida Clearinghouse Applicant Initiated

Search Home Help Privacy Policy Log Out

Select Livescan Service Provider

Home > Initiate New Screening > Person Profile > Enter Prior States > Enter Provider/Position > Confirm Privacy Policy > Select Livescan Provider

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan Service Provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Location Name Zip Code City

County State

Hernando Florida

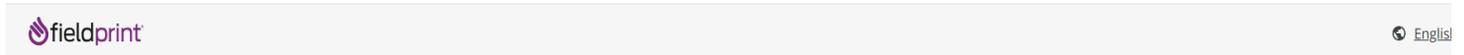
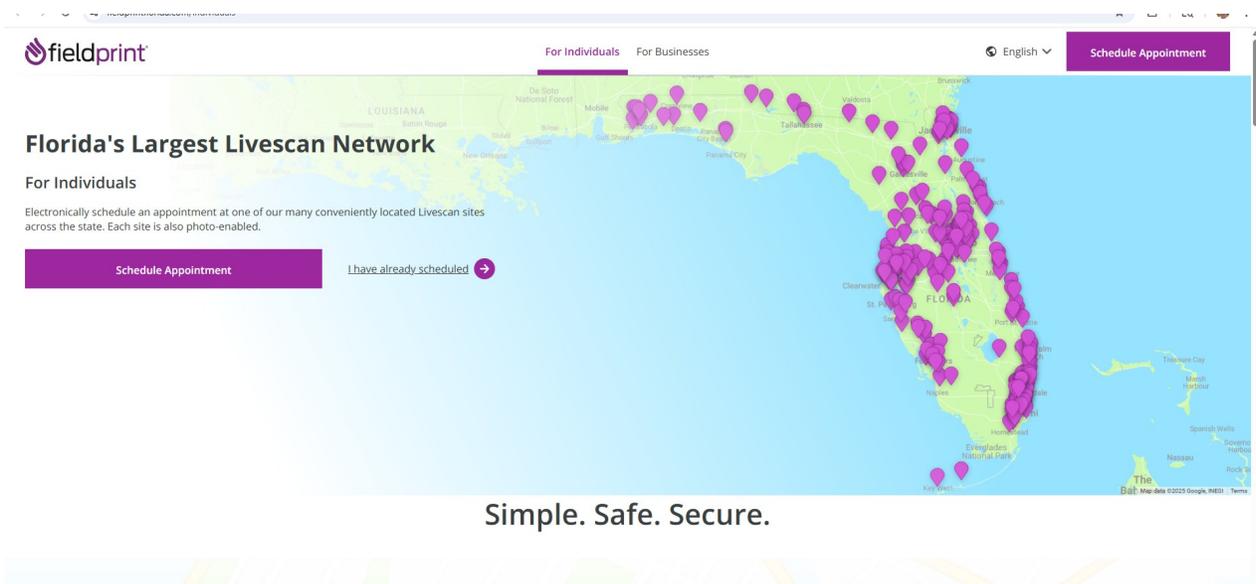
Search

Continue without making an appointment

Livescan Locations

Name	Address	City	County	Phone	Appointment	Cost	Hours	Action
Fieldprint	Commercial Way	Spring Hill	Hernando	8776144364	Appointment required, please see website		M TU W TH F 09:00 AM - 03:00 PM	Make Appt
Coleman Concepts LLC	13063 County Line Rd	Spring Hill	Hernando	3522343330	Same day service, call for availability, on line appointments, mobile service	Fees Vary by ORI#	By Appointment Only	Make Appt
DSW Protection,	7182 Sunshine	Brooksville	Hernando	3526508405	Mobile,Phone Appt Only.	\$80.00 New	M-F 10am-5PM	Make Appt

14. Each provider's registration process is a bit different. The provider I chose which was just 3 miles from my house is a Fieldprint provider (I have gotten good feedback about their services), so I will continue through the process. Since I was not a returning user, I chose the Sign Up option by clicking on the purple "Sign Up" tab



Welcome to Fieldprint®

Sign Up

For new users, please select "Sign Up" below to schedule a Fieldprint appointment.

Sign Up

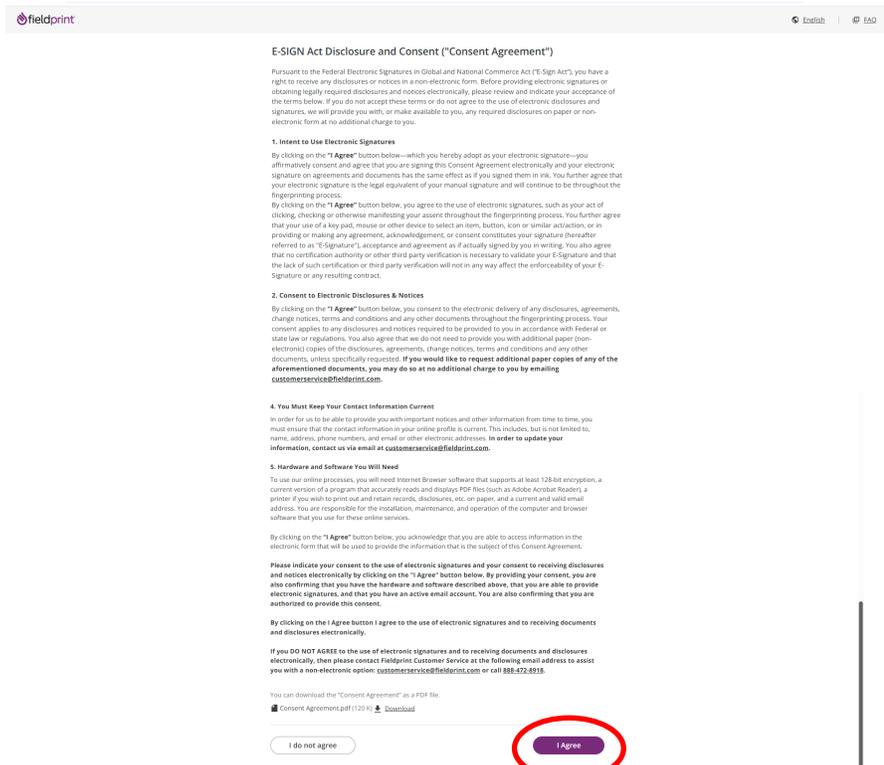
Returning User Login

For existing users, please select "Log In" below to check appointment status, view and print receipts or reschedule an existing appointment.

Log In

This is a restricted computer system. It is for authorized use only. Use of this system constitutes consent to security monitoring and auditing. Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties.

15. On the next page, read and agree to their Consent Agreement by clicking on the purple “Agree” tab



E-SIGN Act Disclosure and Consent ("Consent Agreement")

Pursuant to the Federal Electronic Signatures in Global and National Commerce Act ("E-Sign Act"), you have a right to receive any disclosures or notices in a non-electronic form. Before providing electronic signatures or executing legally required disclosures and notices electronically, please review and indicate your acceptance of the terms below. If you do not accept these terms or do not agree to the use of electronic disclosures and signatures, we will provide you with, or make available to you, any required disclosures on paper or non-electronic form at no additional charge to you.

1. Intent to Use Electronic Signatures

By clicking on the "I Agree" button below—which you hereby adopt as your electronic signature—you affirmatively consent and agree that you are signing this Consent Agreement electronically and your electronic signature on agreements and documents has the same effect as if you signed them in ink. You further agree that your electronic signature is the legal equivalent of your manual signature and will continue to be throughout the fingerprinting process.

By clicking on the "I Agree" button below, you agree to the use of electronic signatures, such as your act of clicking, checking or otherwise manifesting your assent throughout the fingerprinting process. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar action, or in providing or making any agreement, acknowledgment, or consent constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract.

2. Consent to Electronic Disclosures & Notices

By clicking on the "I Agree" button below, you consent to the electronic delivery of any disclosures, agreements, change notices, terms and conditions and any other documents throughout the fingerprinting process. Your consent applies to any disclosures and notices required to be provided to you in accordance with federal or state law or regulations. You also agree that we do not need to provide you with additional paper (non-electronic) copies of the disclosures, agreements, change notices, terms and conditions and any other documents, unless specifically requested. **If you would like to request additional paper copies of any of the aforementioned documents, you may do so at no additional charge to you by emailing customerservice@fieldprint.com.**

4. You Must Keep Your Contact Information Current

In order for us to be able to provide you with important notices and other information from time to time, you must ensure that the contact information in your online profile is current. This includes, but is not limited to, name, address, phone numbers, and email or other electronic address. **In order to update your information, contact us via email at customerservice@fieldprint.com.**

5. Hardware and Software You Will Need

To use our online processes, you will need Internet Browser software that supports at least 128-bit encryption, a current version of a program that accurately reads and displays PDF files (such as Adobe Acrobat Reader) or a printer if you wish to print out and retain records, disclosures, etc. on paper, and a current and valid email address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.

By clicking on the "I Agree" button below, you acknowledge that you are able to access information in the electronic form that will be used to provide the information that is the subject of this Consent Agreement.

Please indicate your consent to the use of electronic signatures and your consent to receiving disclosures and notices electronically by clicking on the "I Agree" button below. By providing your consent, you are also confirming that you have the hardware and software described above, that you are able to provide electronic signatures, and that you have an active email account. You are also confirming that you are authorized to provide this consent.

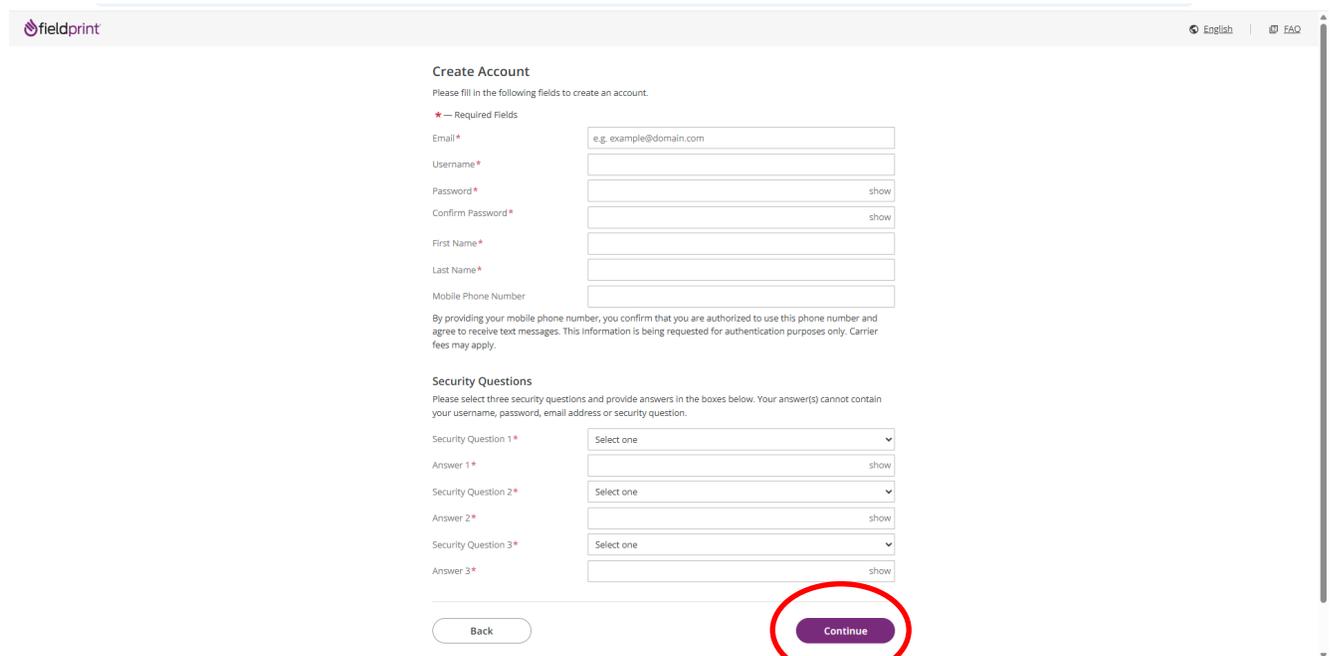
By clicking on the "I Agree" button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you DO NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: customerservice@fieldprint.com or call 888-472-8918.

You can download the "Consent Agreement" as a PDF file.

Consent Agreement.pdf (130 KB) [Download](#)

16. On the next page, create an account by providing some personal information and creating three security questions. Then, click on the purple “Continue” tab



Create Account

Please fill in the following fields to create an account.

★ — Required Fields

Email *

Username *

Password * show

Confirm Password * show

First Name *

Last Name *

Mobile Phone Number

By providing your mobile phone number, you confirm that you are authorized to use this phone number and agree to receive text messages. This information is being requested for authentication purposes only. Carrier fees may apply.

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 *

Answer 1 * show

Security Question 2 *

Answer 2 * show

Security Question 3 *

Answer 3 * show

17. Fieldprint has now sent a one-time, 8-digit verification code to the email address you just provided. Check your email and enter that code into the “Verification Code” box. Then continue by clicking the purple “Complete Registration” box

fieldprint English FAQ

Verify Account

An email has been sent to your provided email address. The subject of the email will be "Fieldprint Scheduling Account Verification" and will arrive from email sender auth@fieldprint.com.
Please follow the directions in the email to continue creating your account.
You may need to check your junk or Spam folder.

Please do not close your browser.
If your browsing session closes, please log back in using your username and password and enter the 8-digit Verification Code emailed to you at the email address provided during account creation. This Verification Code will expire after 30 minutes.

* — Required Fields

Verification Code*

Didn't receive an email? Click [here](#) to resend email.

Complete Registration

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eConsent | Biometric Disclosure | FBI Noncriminal Justice Applicants Privacy Rights

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18. Now that your account is verified you will log in with the username and password you created in your profile. Once entered, click on the purple “Login” box

fieldprint

Your account has been verified
You have successfully verified your account, please log in.

Log in

Username

Password

[Forgot username?](#) [Forgot password?](#)

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eConsent | Biometric Disclosure | FBI Noncriminal Justice Applicants Privacy Rights

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19. As part of a two-step verification process, they have now sent another code to the cell number you provided via text. Check your phone for the code and enter it into the “Verification Code” box. Continue by clicking on the purple “Continue” box

20. On the next page, you must choose your reason for the screening. Scroll down (about 16 paragraphs) and choose “Florida Dept. of Health - Division of Medical Quality Assurance (MQA)” option by clicking on the white “Continue with this Reason” tab

21. On the next page, click on the drop-down list and choose “Optician.” Then click on the purple “Continue” button

fieldprint English | Contact Us | EEO |

Additional Information

Your employer/agency requests the following additional information. Please select from the dropdown menu and click "Continue."

— Required Fields

Profession*

Back Continue

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© Consent | Biometric Disclosure | FBI Noncriminal Justice Appointments Privacy Rights | Last Login: June 10, 2025 9:10 AM | © Copyright 2008-2025, fieldprint, Inc.

22. On the next page, verify the reason for the screening is for the Board of Opticianry through the Florida Department of Health by clicking on the purple “Continue” tab

fieldprint English | Contact Us | EEO |

Verify the Reason for Your Appointment

The reason for this appointment is Florida Dept. of Health - Division of Medical Quality (MQA). Fingerprints and a digital photo will be submitted to the FL Dept of Law Enforcement for individuals seeking a Level 2 background screening under the FL Dept of Health profession for "Opticianry" (OR# ED04660Z). By selecting "Continue," you are indicating that this description is correct. If this description is incorrect, please select "Back" and choose the appropriate reason. If you are unsure about the reason for this appointment, please contact your employer/agency for more information.

Back Continue

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23. Fill in your personal information. (Make sure you click the little check-box to verify your SSN.) Click on the purple “Continue” button on the bottom

Data Collection

- Personal Information
- Demographics
- Employer
- Additional Information
- Photo Tips

Authorization

- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule App (circled in red)

Payment

Confirmation

Personal Information

Please enter your personal information below.

Notice
The information entered on this screen must belong to the person being fingerprinted. The name provided for the appointment must be your full, legal name and must match both forms of identification exactly. The Date of Birth provided must also be on the primary form of ID, and must match exactly. Your appointment will not be completed if you cannot provide two forms of matching identification.

Acceptable Forms of ID
* -- Required Fields

First Name*
Middle Name
Last Name*
Suffix

Other Names
Are there any other names you are known by or have used (including maiden name, if applicable)? *
 Yes No

Social Security Number*

Please check this box to acknowledge your SSN is correctly entered. If entered incorrectly, it may delay processing and/or result in additional charges.*

Address Line 1*
Address Line 2 (Suite/Apt/etc.)
City*
Country*
State*
Zip Code*
Date of Birth*
Phone*
Alternate Phone
Email*
Preferred Contact Method* Email Phone
Appointment Reminder* Email No

24. On the next page, complete the demographic information, then click on the purple “Continue” tab at the bottom

Data Collection

- Personal Information
- Demographics
- Employer
- Additional Information
- Photo Tips

Authorization

- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

Demographics

Please complete the following questions. This information is used to positively identify you when performing a fingerprint-based background check.

Notice
Fingerprint is required to provide demographic values established by the FBI and/or state and federal agencies.

* -- Required Fields

Citizenship*
Place of Birth*
City of Birth*
Gender*
Height* ft in
Weight* lb
Eye Color*
Hair Color*
Race*

Print Privacy Policy | FBI Privacy Act Statement

25. On the next page, they are asking if this service is being done at an employer's request. Click "no" and then click on the purple "Continue" button

The screenshot shows the 'Employer' section of the Fieldprint form. On the left, a sidebar lists 'Data Collection' items: Personal Information (checked), Demographics (checked), Employer (selected), Additional Information, and Photo Tips. Below this are sections for Authorization, Schedule Appointment, Payment, and Confirmation. The main content area is titled 'Employer' and asks 'Is there employer information you would like to provide?'. The 'No' radio button is circled in red. At the bottom, the 'Continue' button is also circled in red. The footer contains links for Terms & Conditions, eConsent, Fieldprint Privacy Policy, Biometric Disclosure, FBI Privacy Act Statement, and FBI Noncriminal Justice Applicants Privacy Rights, along with a 'Last Login' timestamp and copyright information.

26. On the next page, use the drop-down tab and once again choose "Opticianry." Then click on the purple "Continue" tab

The screenshot shows the 'Additional Information' section of the Fieldprint form. The sidebar on the left has 'Additional Information' selected under 'Data Collection'. The main content area is titled 'Additional Information' and asks for 'Profession *'. A dropdown menu is open, showing 'ORI # EDOH4660Z - Opticianry', which is circled in red. At the bottom, the 'Continue' button is also circled in red. The footer contains the same links and information as the previous screenshot.

27. On the next page, read the Photo Tips (they will also take your photo when you get your fingerprinting done). Acknowledge that you read the tips by clicking on the purple “Continue” button

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Data Collection

- Personal Information
- Demographics
- Employer
- Additional Information
- Photo Tips

Authorization

- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payments

Confirmation

Photo Tips

During your appointment, the technician will take a digital photo of you.

Notice

Please remove all hats, glasses and headwear. If you prefer to not remove your headwear for medical or religious purposes, please check the box below. In the event of a poor quality photo, you will be asked to return and have it retaken.

I prefer to keep my headwear on for medical/religious reasons

To capture a quality photo, our technician will:

- Ensure the top of your head and shoulders are visible
- Use a solid white background
- Choose the highest quality image from different exposure options



Example of a high quality photo

Back Continue

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28. On the next page, read and agree to the Biometric Disclosure by clicking on the “I Agree” box and then clicking on the purple “Continue” box

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English | Contact Us | FAQ |

Data Collection

- Personal Information
- Demographics
- Employer
- Additional Information
- Photo Tips

Authorization

- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payments

Confirmation

Biometric Disclosure

Required Fields

State Required Biometric Information Disclosure and Authorization

Please be advised that your biometric identifiers, i.e. fingerprints, will be collected, captured, stored, and used in connection with your contract and/or employment with the organization requesting your fingerprints (ORGANIZATION). Such collection, capture, receipt, storage, and use of your biometric information may occur at any time after the ORGANIZATION and/or Fieldprint, Inc. receives your written authorization, including during the hiring process, as well as during the course of your contract and/or employment with ORGANIZATION or for volunteering/training, as the case may be, where permitted by law (Stated Purpose).

Your biometric information is being collected, captured, received, stored, disclosed to ORGANIZATION, and used in order to obtain Criminal History Record Information (CHRI) from Federal and/or state governments and/or agencies in connection with the Stated Purpose. To accomplish these purposes, Fieldprint, Inc. may disclose your biometric information to its own network of fingerprint sites (Network) that collect and/or capture the biometric information, as well as to Federal and/or state governments and/or agencies.

Your biometric information will be retained and stored by Fieldprint, Inc., and will be permanently destroyed when the initial purpose for collecting the information has been satisfied or after three (3) years from your last interaction with Fieldprint, Inc., whichever occurs first. To see our policy that establishes our retention schedule and guidelines for permanently destroying biometric identifiers and biometric information, please see [Retention and Destruction Policy](#).

With respect to the destruction of your biometric information, we utilize best practices when purging electronic biometric data and hard copy fingerprint cards. The proper sanitization method depends on the type of media and the intended disposition of the media. The process is to render access to target data on the media infeasible for a given level of recovery effort. We apply techniques such as those created by industry standard organizations. Electronic media may be purged of biometric information using steps such as: clearing/purging, data purging, and physical media destruction. Hard or paper copies of fingerprints, which include biometric data, are destroyed via a National Association for Information Destruction (NAID) AAA-certified shredding company for destruction of media. We ensure that destruction of all physical and electronic media is witnessed or carried out by authorized personnel.

Please contact us at (888) 472-8918 should you have any questions.

Authorization to Obtain and Disclose Biometric Information

By signing below, I hereby authorize ORGANIZATION and Fieldprint, Inc. to collect, receive, store, and use my biometric information, and further authorize Fieldprint, Inc. to disclose and use my biometric information to obtain Criminal History Record Information in connection with the Stated Purpose.

By signing below, I further authorize Fieldprint, Inc. to share my biometric information, criminal results, and any other information obtained using my fingerprints with ORGANIZATION for the Stated Purpose. I further authorize Fieldprint, Inc. to share my biometric information with Fieldprint, Inc.'s Network and with Federal and/or state governments and/or agencies in connection with the Stated Purpose.

By signing below, I acknowledge and agree that this authorization to obtain and disclose/share my biometric information, criminal results, and any other information obtained using my fingerprints, is valid now as well throughout the course of my contract, employment, volunteering, and/or training, as may be applicable, with ORGANIZATION, where permitted by law.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

I agree

Your Full Legal Name: Andrea Kay Record
Today's date: June 10, 2025

Back Continue

29. On the next page, read and agree to the FBI Noncriminal Justice Applicant's Privacy Rights disclosure by clicking on the "I Acknowledge" box at the bottom and then clicking on the purple "Continue" box

Data Collection	FBI Noncriminal Justice Applicant's Privacy Rights
<ul style="list-style-type: none"> ✓ Personal Information ✓ Demographics ✓ Employer ✓ Additional Information ✓ Photo Tips 	<p style="color: red;">* — Required Fields</p> <p style="text-align: center;">NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS</p> <p>As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. (1) These obligations are provided in the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 18 Code of Federal Regulations (CFR), 58.12, among other authorities.</p> <ul style="list-style-type: none"> • You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. The Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. (2) • You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth in 28 CFR, 16.54. • You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record if you have such a record. • If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials use your employment, license, or other benefits based on information in the FBI criminal history record. • <u>Except under certain circumstances, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summar-checks or https://www.eda.fbi.gov.</u> • If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.eda.fbi.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR, 16.54 through 16.54.) • You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not reuse or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. (3) • You have the right to report any breaches of personal identifying information (PII) directly to the FBI should you believe your information has been mishandled or compromised at https://www.eda.fbi.gov.
Authorization	
<ul style="list-style-type: none"> ✓ Biometric Disclosure ○ FBI Noncriminal Justice Applicant's Privacy Rights ○ FBI Privacy Statement and Privacy Notice 	
Schedule Appointment	
Payment	
Confirmation	

(1) Written notification includes electronic notification, but excludes oral notification.

(2) <https://www.fbi.gov/services/cjis/identity-history-summar-checks> or <https://www.eda.fbi.gov>

(3) See 5 U.S.C. 552a(b), 28 U.S.C. 534(b), 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c), 28 CFR 20.21(e), 20.33(d) and 906.2(d).

28 CFR 20.21(e), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basada en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se describen a continuación. Toda notificación se le debe proveer por escrito. (1) Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 18 Code of Federal Regulations (CFR), 58.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas dactilares e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas dactilares e información relacionada y si se investigarán, compararán, o retendrán sus huellas dactilares e información relacionada. (2)
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI como delineado en el 28 CFR, 16.54.
- Si tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que las funcionarios lo usen en empleo, licencia, o otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si le permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para revisarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas dactilares y una tarifa al FBI. Puede obtener información referente a los procesos en <https://www.fbi.gov/services/cjis/identity-history-summar-checks> y <https://www.eda.fbi.gov>.
- Si decide cuestionar la veracidad o exactitud de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.eda.fbi.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR, 16.54 through 16.54.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usen para los propósitos autorizados y que no los reutilicen o distribuyan en violación a las estatutos, normas o ordenes ejecutivas federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council. (3)
- Tiene derecho a informar cualquier violación de la información de identificación personal (PII) directamente al FBI si cree que su información ha sido mal manejada o comprometida en <https://www.eda.fbi.gov>.

(1) La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

(2) <https://www.fbi.gov/services/cjis/identity-history-summar-checks> or <https://www.eda.fbi.gov>

(3) See 5 U.S.C. 552a(b), 28 U.S.C. 534(b), 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c), 28 CFR 20.21(e), 20.33(d) and 906.2(d).

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DEATH.

I acknowledge that I have read, understand, and agree to the above Statement.*

Back

Continue

30. On the next page, read and agree to the FBI Privacy Statement by clicking on the “I Acknowledge” box at the bottom and then clicking on the purple “Continue” box

- Data Collection
 - ✓ Personal Information
 - ✓ Demographics
 - ✓ Employer
 - ✓ Additional Information
 - ✓ Photo Tips
- Authorization
 - ✓ Biometric Disclosure
 - ✓ FBI Noncriminal Justice Applicant's Privacy Rights
 - FBI Privacy Statement and Privacy Notice
- Schedule Appointment
- Payment
- Confirmation

FBI Privacy Statement and Privacy Notice

★ -- Required Fields

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

1

Declaracion de la Ley de Privacidad

Esta declaracion de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).

Autoridad: La adquisicion, preservacion, e intercambio de huellas digitales e informacion relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, ordenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e informacion relevante es voluntario; sin embargo, la falta de hacerlo podria afectar la terminacion o aprobacion de su solicitud.

Proposito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrian depender de las investigaciones de antecedentes basados en huellas digitales. Se les podria proveer sus huellas digitales e informacion relevante/biometrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el proposito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depositos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podria retener sus huellas digitales e informacion relevante/biometrica en el NGI despues de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrian continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e informacion relevante/biometrica permanezcan en el NGI, se podria divulgar su informacion de acuerdo a su consentimiento, y se podria divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables segun puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgacion a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad publica.

A partir de 30/03/2018

2

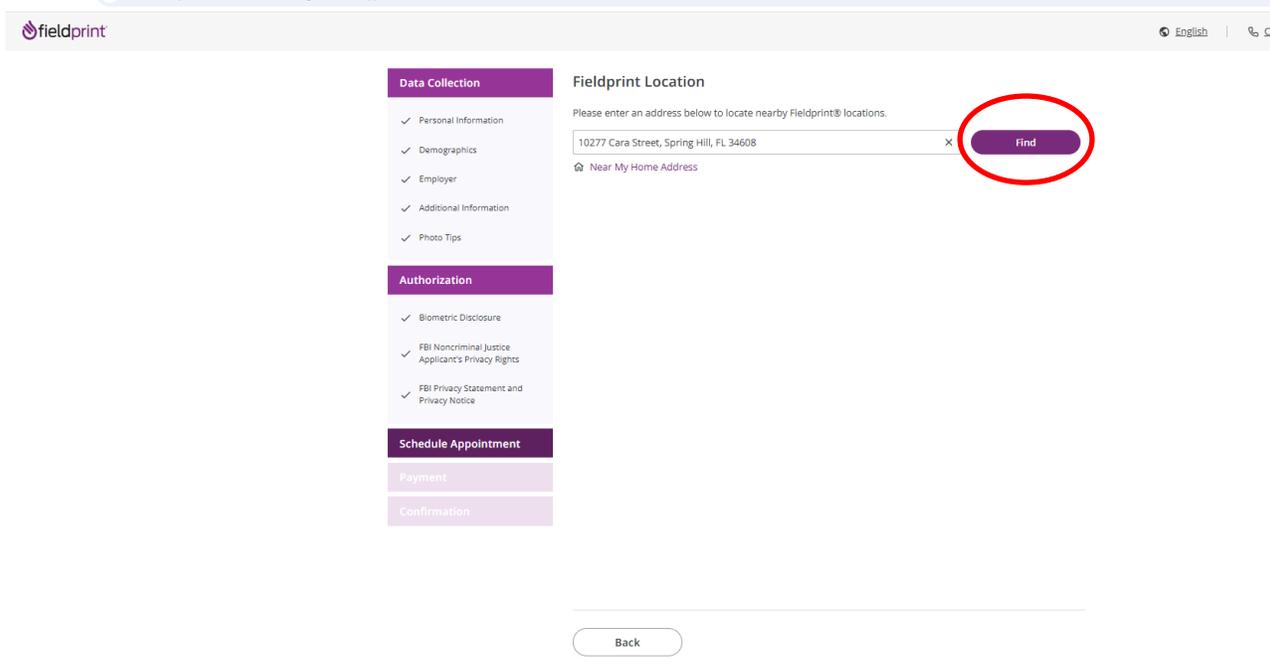
TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPOINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

I acknowledge that I have read, understand, and agree to the above Statement.*

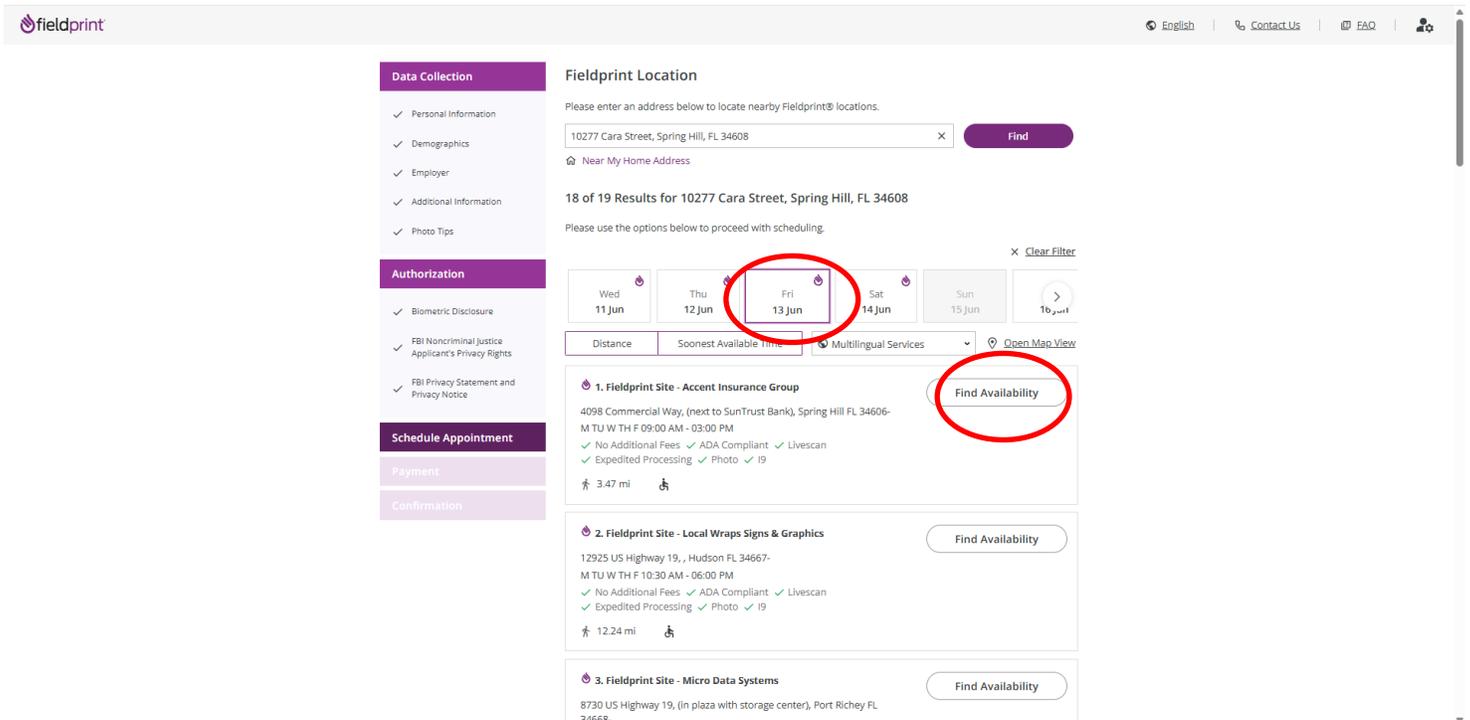
Back

Continue

31. Now...you will finally make the appointment! Enter your location in the search box and then click on the purple “Find” box



32. On the next page, click on your desired date for your appointment, then click on the white “Find Availability” box that corresponds to your desired location.



33. On the next page, click on your desired time of day for you appointment using the drop-down tab. Then click on the purple “Continue” button on the bottom

fieldprint English Contact Us FAQ

Data Collection

- Personal Information
- Demographics
- Employer
- Additional Information
- Photo Tips

Authorization

- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

Fieldprint Location
Back to 19 Results

Schedule Appointment

Fieldprint Site - Accent Insurance Group, 4098 Commercial Way, (next to SunTrust Bank), Spring Hill FL 34606
M TU W TH F 09:00 AM - 03:00 PM
3.47 mi

Notice
Once an appointment is scheduled, it may not be changed or cancelled less than 24 hours before the appointment time without incurring a charge.

* — Required Fields

Available Date* June 13 2025

Part of day* Afternoon (12 PM - 5 PM) 12:00 PM

Continue

34. You will then be directed to a payment page. I chose to pay with my PayPal account, but you may also pay with any major credit card. My total fee (which included Fieldprint’s fee and the Florida scheduling fee) was \$79

fieldprint English Contact Us FAQ

Data Collection

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Authorization

- Biometric Disclosure
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Schedule Appointment

Payment

Confirmation

Payment

Notice
Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.
Your appointment will not be scheduled until payment has been completed.

Date and Time: June 13, 2025 12:00 PM
Location: Fieldprint Site - Accent Insurance Group, 4098 Commercial Way, (next to SunTrust Bank), Spring Hill FL 34606
Reason: Florida Dept of Health - Division of Medical Quality (MQA). Fingerprints and a digital photo will be submitted to the Florida Department of Law Enforcement for the purpose of a Level 2 background screening. Choosing this reason will allow you to select your specific Profession on the Additional Information page during the scheduling process which are listed below

Fee Type	Fee
Fieldprint Scheduling Fee	\$ 19.00
Florida Scheduling Fee	\$ 60.00
Your Total to Pay:	\$ 79.00

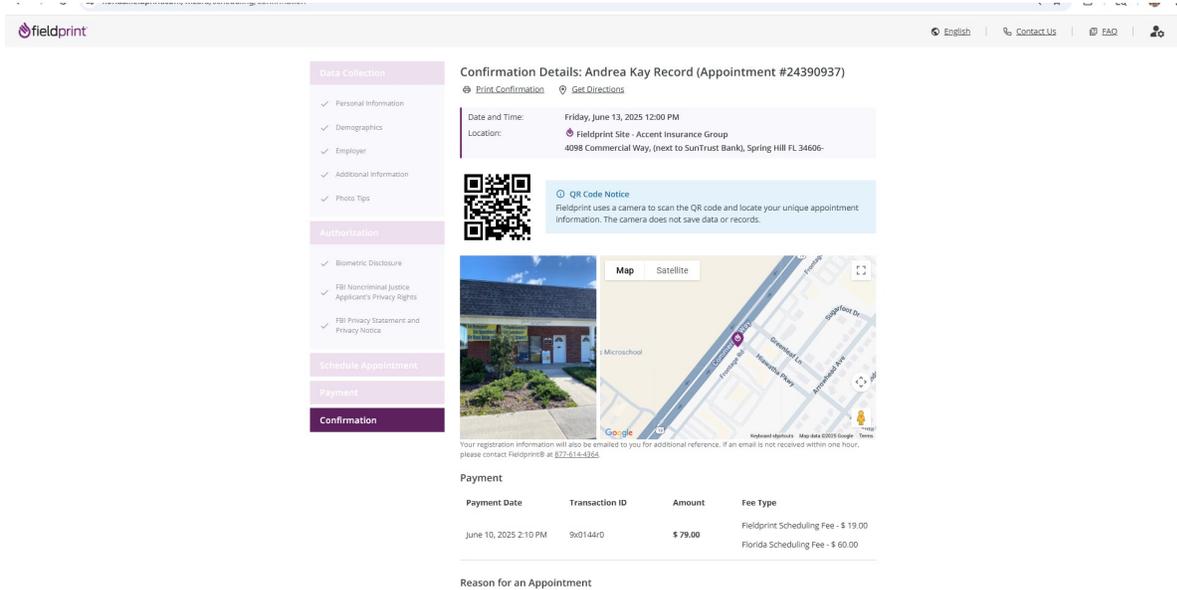
Payment Method

PayPal

Debit or Credit Card

Back Finish Scheduling

35. You're done! On the next page, you will receive confirmation details, which will be emailed to you in a few minutes (see below).



36. You will receive an email (see below) that contains your QR code in a few minutes. You will have to present that QR code when you arrive for your appointment, along with two forms of identification. My appointment was at 9:00 am. I arrived at 8:57 and was done by 9:08.

Good Luck!

