

# LIVESCAN POMPANO

ELECTRONIC FINGERPRINTING

3502 N. POWERLINE ROAD, POMPANO BEACH, FL 33073

ORI#

OCA#

Name: \_\_\_\_\_  
LAST FIRST

Name (under which you applied): \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Reason for Fingerprinting: \_\_\_\_\_

## LIVESCAN INSTRUCTIONS:

- Background screening results are obtained from the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigations (FBI) by submitting to a fingerprint scan via LIVESCAN
- You must provide accurate demographic information to the LIVESCAN service provider at the time that your fingerprints are taken, including your Social Security Number (SSN)
- You must provide the correct Originating Agency Identification (ORI) number for the board office to receive the screening results. If you have any issues with the ORI number, contact the division of medical quality assurance call center at **850-488-0595**

## ADDITIONAL INSTRUCTIONS:

- Typically background screening results submitted through a Livescan service provider are received by the board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

SSN:    -   -

Aliases: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ (W-White, B-Black, A-Asian/Pacific Islander, I- American Indian/Alaskan Native, U-Unknown)

Sex: \_\_\_\_\_ (M-Male or F-Female) Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Transaction Control Number \_\_\_\_\_

(This will be provided by the Livescan Service provider)

Signature \_\_\_\_\_ Date: \_\_\_\_\_