

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
PHONE: (916) 322-4336 FAX: (916) 324-2875



Instructions for Completing Fingerprint Card

As authorized by Health & Safety Code Section 1797.172, all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a criminal history check prior to being licensed. License applicants that reside outside of California are required to submit a fingerprint card (FD-258) for both a California Department of Justice (DOJ) and a Federal Bureau of Investigation (FBI) criminal history check.

California Penal Code Section 11102.1 precludes the DOJ from accepting applicant fingerprints unless the impressions were rolled by a certified fingerprint roller, or by an individual who is specifically exempt from the certification requirement. Currently, only law enforcement personnel and state employees who have met specified requirements are exempt from the certification requirement. This statute was enacted to protect the integrity of California's criminal history records and guard against fraud by certifying those individuals who roll applicant fingerprint impressions.

In order to meet this mandate and avoid the processing delays and additional costs that result from fingerprint rejects, individuals residing outside of California and applying for employment or licensure in California, who cannot be fingerprinted in California, must have their fingerprints rolled at a law enforcement agency in their state of residence.

The non-refundable fee for processing the DOJ criminal history check is \$32. There is an additional fee of \$17 for the FBI criminal history check, and a rolling fee to the agency doing the fingerprinting. The DOJ and FBI processing fees are in addition to the rolling fee which is normally paid directly to the agency doing the fingerprinting. The DOJ and FBI fees are subject to change without notice. Once you have had your fingerprints done, send your completed fingerprint card with a check or money order, payable to the Department of Justice, in the amount of \$49 for processing a DOJ and the FBI criminal history check, to:

California Department of Justice
P. O. Box 903417
Sacramento, Ca 94203-4170

DOJ will forward the fingerprints to the FBI for processing and the results of the criminal history.

IMPORTANT: FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. Order No. 113 -86, 51 FR 16677, May 6, 1 86, as amended by Order NO. 2258- , 6 FR 52226, Sept. 28, 1 Federal Code of Regulations, Title 28, Section 16.3 .

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**INSTRUCTIONS**

DO NOT FOLD CARD. Please type or print in **black ink**. Fill in the following blocks completely.

1. **Signature of Person Fingerprinted**
Place your signature here.
2. **Residence of Person Fingerprinted**
Place your address here.
3. **Date**
Date fingerprints taken.
4. **Signature of Official Taking Fingerprints**
The official taking the fingerprints should sign.
5. **Employer and Address**
EMS Authority
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA. 95670-6073
6. **Reason Fingerprinted**
License - Paramedic
7. **Name (NAM)**
Indicate complete name.
8. **Aliases (A A)**
Indicate other names used (i.e., maiden name, nickname and/or alias name[s]).
9. **Date of Birth (DOB)**
Indicate month-day-year of birth.
10. **Sex**
Indicate sex code abbreviation.
M=Male F=Female
11. **Height (HGT)**
Indicate height in feet and inches.
12. **Weight (WGT)**
Indicate weight in pounds.
13. **Eyes**
Indicate eye color abbreviation.

BLK = Black GRY = Gray
BLU = Blue GRN = Green
BRO = Brown HAZ = Hazel
14. **Hair**
Indicate hair code abbreviation.

BAL = Bald BRO = Brown SDY = Sandy
BLK = Black GRY = Gray WHI = White
BLN = Blond RED = Red
15. **Place of Birth (POB)**
Indicate the state or country of birth.
16. **FBI No.**
Should be furnished if known.
17. **Social Security No. (SOC)**
Indicate Social Security number.

When having your fingerprints processed please ensure all of the highlighted fields are input on the fingerprint card being used.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
		LAT NAME		FIRST NAME		MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES		CA0349400		BU OF ID & IN		SACRAMENTO, CA	
PHOTOGRAPH OF PERSON FINGERPRINTED		CITY		RACE		HEIGHT		WEIGHT	
DATE OF BIRTH		STATE		EYES		HAIR		PLACE OF BIRTH	
Emergency Medical Services Authority 10901 Gold Center Drive 4 th Floor Rancho Cordova CA 95670-6073		YOUR NO.		OCA		LEAVE BLANK			
ORI CODE: A0536		FBI NO.		FBI		CLASS			
MAIL CODE: 02531		ARMED FORCES NO.		MNU		CLASS			
LICENSE: EMT/PARMED/MOB INT NURSE		SOCIAL SECURITY NO.		SS		REF.			
		ISCELLANEOUS NO.		MNU					
R. H. MB		R. INDEX		R. MIDDLE					
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. UTTER	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	