Beginning the Licensure Process

Licensure Process for LMSW/LBSW

- Mail completed Application for Licensure form with the appropriate fee
- Fingerprint results (instructions included with application)
- Have your college/university mail an official transcript directly to our office. If you are requesting to sit for the examination prior to graduation, have your school send a letter stating you're on track to graduate. You are responsible for ensuring your school sends a final transcript upon graduation, a license WILL NOT be issued without one.
- The Committee will notify the applicant **via email** to contact ASWB and schedule the exam once the application has been reviewed and approved. (allow 5-7 business days for processing)
- Upon passing the exam, the ASWB will send our office your official score report and the license will be issued. (allow 5-7 business days for processing)

Licensure Process for LCSW/LAMSW (must hold a current license as a LMSW in MO)

- Register supervision by submitting the following for approval:
  - ◊ Registration of Supervision form and required fee
  - ◊ Employment Verification Letter
- Upon approval, complete a minimum of 3,000 hours of supervised experience within 24-48 months.
- The supervision and the ability to practice clinically will cease at the end of the 48 month period. If one has not passed the clinical exam in that time period they may still be approved to take the exam, providing the supervision still qualifies as per 20 CSR 2263-2.032(10).
- After obtaining the required supervision, complete and submit the following:
  - ◊ Application for Licensure form and fee
  - ◊ Fingerprint results (instructions included with application)
  - ◊ Attestation form (must come directly from supervisor)
- The Committee will notify the applicant **via email** to contact ASWB and schedule the exam once the application has been reviewed and approved. (allow 5-7 business days for processing)
- Upon passing the exam, the ASWB will send our office your official score report and the license will be issued. (allow 5-7 business days for processing)

You must remain under supervision until the exam is passed and the license is issued and received in order to provide clinical services.

Should you …

- Should you choose, upon completion of 75% (18 months and 2,250 hours) of the supervision you may sit early for the exam. This is done by submission of application, fingerprints and email from supervisor that the applicant is on track to complete the required supervision
- Should you change supervisor AND/OR setting during the licensure process, the Registration of Supervision/Change of Status form along with a $25 fee must be submitted before beginning the supervision. The $25 fee is submitted for each Registration of Supervision/Change of Status form submitted.

Please review the rules and statutes for all licensure and supervision requirements. You can find those, as well as all the forms needed, online at **www.pr.mo.gov/socialworkers**

STATE COMMITTEE FOR SOCIAL WORKERS
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
Telephone: (573) 751-0885
Fax: (573) 526-4220
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
lcsw@pr.mo.gov
http://www.pr.mo.gov

Application for Licensure - LMSW/LBSW

Application for Licensure files are not considered complete until ALL the following information has been received in the committee office:

1. **Completed Application**
2. **Application fee**
3. **Official MSW or BSW transcript sent directly from college/university. The transcript must come directly from the school and may be emailed to lcsw@pr.mo.gov.**
4. **Evidence of completion of two (2) hours of suicide prevention training taken within the last 2 years.**
5. **Fingerprinting/Background check results (valid for one (1) year)**
6. **Passing exam score from the ASWB examination**

You will be notified by the committee office in writing after items 1-5 (above) have been received with instructions on contacting the ASWB to schedule for the appropriate examination.

The committee reminds you to read the rules & statutes regarding licensure. Should you have any questions, please contact the committee office at 573.751.0885 or lcsw@pr.mo.gov

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE-LMSW/LBSW

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
STATE COMMITTEE FOR SOCIAL WORKERS

INSTRUCTIONS

Complete applications should be mailed to the following central office address:

DIVISION OF PROFESSIONAL REGISTRATION/
STATE COMMITTEE FOR SOCIAL WORKERS
P.O. BOX 1335
JEFFERSON CITY, MISSOURI 65102-1335
TELEPHONE: (573) 751-0885 TDD 800-735-2966
http://www.pr.mo.gov E-mail: lcsw@pr.mo.gov

FEES

PLEASE CHECK ONE OF THE FOLLOWING

☐ MASTER SOCIAL WORKER ☐ BACCALAUREATE SOCIAL WORKER

Attach application fee. $70

APPLICANT DATA

FIRST	MIDDLE	LAST	FORMER/MAIDEN (IF APPLICABLE)

RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)	CITY	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER

CURRENT PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE NUMBER

EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE

APPLICANT E-MAIL	U.S. CITIZEN? ☐ YES ☐ NO (IF NO, ATTACH COPY OF EVIDENCE OF LEGAL RESIDENT ALIEN STATUS)

SOCIAL WORK DEGREES:

	SCHOOL NAME	LOCATION	DATE CONFERRED
☐ DOCTORATE			
☐ MASTER			
☐ BACCALAUREATE			

LIST **ALL** OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE SOCIAL WORK IN ORDER OF ATTAINMENT. IF CURRENT STATUS IS "OTHER", PLEASE EXPLAIN ON SEPARATE SHEET.

STATE	LICENSE/CERTIFICATE NUMBER AND TITLE CONFERRED BY LICENSE OR CERTIFICATE	ISSUE DATE	CURRENT STATUS
			☐ ACTIVE ☐ INACTIVE ☐ OTHER
			☐ ACTIVE ☐ INACTIVE ☐ OTHER

ANSWER THE FOLLOWING QUESTIONS (Yes answers must be explained in sworn affidavit and accompanied by documents as required in the rules.)

		YES	NO
a)	Have you ever applied for a license as a social worker and been denied?	☐	☐
b)	Has your license or social work privileges ever been revoked, restricted, or have you ever been the subject of disciplinary action by any licensing agency, institution or any other entity?	☐	☐
c)	Within the last two years have you entered a plea of guilty or nolo contendere or been convicted of a felony, misdemeanor or received a suspended imposition of sentence?	☐	☐
d)	Are you presently being investigated or is there any disciplinary action pending against you?	☐	☐
e)	Within the last two years have you been addicted to or used in excess, any drug or chemical substance including alcohol?	☐	☐
f)	Within the last two years have you been treated through a drug or alcohol rehabilitation program?	☐	☐
g)	Within the last two years have you been named as a party in a civil suit?	☐	☐
h)	Have you ever been disciplined for unethical behavior or unprofessional conduct?	☐	☐
i)	Have you ever voluntarily surrendered a professional license?	☐	☐

EXAMINATION REQUESTED

ASWB EXAMINATION

☐ MASTERS ☐ BACHELORS (BASIC)

EXAM RESULTS: Applicant is responsible for having the Association of Social Work Boards submit verification of a passing score as determined by the Committee.

EXPERIENCE

Begin with the most recent employment, using additional sheets if necessary.

A. NAME AND ADDRESS OF EMPLOYER

IMMEDIATE SUPERVISOR'S NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	
TITLE OF APPLICANT'S POSITION	PERIOD EMPLOYED (FROM-TO)	HRS. WORKED/WEEK

SOCIAL WORK DUTIES PERFORMED

B. NAME AND ADDRESS OF EMPLOYER

IMMEDIATE SUPERVISOR'S NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	
TITLE OF APPLICANT'S POSITION	PERIOD EMPLOYED (FROM-TO)	HRS. WORKED/WEEK

SOCIAL WORK DUTIES PERFORMED

C. NAME AND ADDRESS OF EMPLOYER

IMMEDIATE SUPERVISOR'S NAME	ADDRESS (IF DIFFERENT FROM ABOVE)	
TITLE OF APPLICANT'S POSITION	PERIOD EMPLOYED (FROM-TO)	HRS. WORKED/WEEK

SOCIAL WORK DUTIES PERFORMED

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? ☐ Yes ☐ No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? ☐ Yes ☐ No

General information may also be found at the Missouri Veterans Commission's website.

TAX COMPLIANCE

All persons and business entities licensed with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The following tax information must be provided.

Pursuant to Section 324.010, RSMo:

Were you a Missouri resident in any of the last 3 years? ☐ YES ☐ NO

Did you have any Missouri income in any of the last 3 years? ☐ YES ☐ NO

Were you subject to Missouri income tax in any of the last 3 years? ☐ YES ☐ NO

All questions must be completed. False statements are subject to criminal penalties and/or license discipline.
For tax questions, contact the Department of Revenue at (573) 751-7200 or e-mail income@dor.mo.gov.

REQUEST TO SIT FOR EXAMINATION PRIOR TO GRADUATION

COMPLETE THIS PAGE IF YOU ARE REQUESTING TO SIT FOR THE EXAM PRIOR TO GRADUATION. REQUESTS CAN BE MADE IN THE FINAL SEMESTER OF THE DEGREE PROGRAM.

I hereby request to sit for the examination prior to my graduation on _____ . I understand that the social
(DATE)

work program at my college/university will need to submit a letter directly to the committee office advising that I am on track to graduate and the date I am scheduled to graduate. I further understand that I will need to have the college/university send an official transcript to the committee office upon my graduation and that a license will not be issued until the transcript is received.

AFFIDAVIT OF UNDERSTANDING AND SIGNATURES

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements, are true, complete and accurate. I understand that any false or misleading information in, or in connection with my application may be cause for denial.

SIGNATURE	DATE

I hereby attest that on _____ I completed a minimum of 2 hours of training the areas of suicide,
(DATE)

assessment, treatment, referrals and management in the last 2 years.

SIGNATURE	DATE

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

STATE COMMITTEE FOR SOCIAL WORKERS
P.O. BOX 1335
JEFFERSON CITY, MISSOURI 65102-1335
TELEPHONE (573) 751-0885

TO BE COMPLETED BY APPLICANT

APPLICANT - COMPLETE THE TOP PORTION OF THIS FORM AND FORWARD IT TO EACH STATE WHERE A LICENSE IS/WAS HELD. THIS FORM MAY BE PHOTOCOPIED IF NECESSARY.

NAME FIRST	MIDDLE	LAST	SUFFIX	FORMER/MAIDEN	PHONE NUMBER

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

ADDRESS (NO. & STREET)	CITY	STATE	ZIP CODE

*SOCIAL SECURITY NUMBER	ORIGINAL LICENSE NO. (IN THE STATE TO WHICH THE FORM IS BEING FORWARDED)	DATE ISSUED	DATE EXPIRES

I HEREBY AUTHORIZE THE STATE OF_____ TO FURNISH THE MISSOURI STATE COMMITTEE FOR SOCIAL WORKERS THE INFORMATION REQUESTED BELOW.

SIGNATURE	DATE

TO BE COMPLETED BY LICENSING AGENCY ONLY

PLEASE VERIFY REQUIREMENTS MET IN YOUR STATE:

LICENSE NUMBER

EXPIRATION DATE	ISSUE DATE

☐ MSW FROM CSWE ACCREDITED SCHOOL ☐ BSW FROM CSWE ACCREDITED SCHOOL

☐ DOCTORATE DEGREE IN SOCIAL WORK	NAME OF SCHOOL GRANTING DOCTORATE

EXAM TAKEN	DATE EXAM PASSED	SCORE
☐ ASWB MASTERS ☐ ASWB BACHELORS ☐ NO EXAM, GRANDFATHERED ☐ ASWB CLINICAL ☐ ASWB ADVANCED		

DOES APPLICANT HAVE 2 YEARS (OR MORE) OF POST MSW CLINICAL EXPERIENCE SUPERVISED BY:

a. Licensed clinical social worker. State _____

b. Other professional. Please specify: _____

Does the licensee hold a valid, unrevoked, unexpired, undisciplined, and unrestricted license? ☐ YES ☐ NO

Have there been or are there any pending complaints, investigations or disciplinary action taken against licensee? ☐ YES ☐ NO

If so, indicate the disposition of the complaint and the disciplinary action taken. Please include copies of any board orders, agreements or other documents showing the validity of the complaint or the type of discipline imposed. (Attach additional sheets if necessary).

SIGNATURE	DATE

TITLE

NAME OF STATE BOARD

PLEASE AFFIX
BOARD SEAL

IMPORTANT NOTICE

TO: Applicants

FROM: Vanessa Beauchamp, Executive Director

RE: Criminal Background Checks – Fingerprinting Requirements

DATE: February 24, 2021

The State Committee for Social Worker uses IdentoGo to fingerprint applicants for licensure/ registration.

The 4 digit code is **5416** (for ALL applicants within or outside Missouri).

- **Individuals needing to be fingerprinted WITHIN the State of Missouri.**
  - Applicants will need to register with the Missouri Automated Criminal History Site (MACHS) at www.machs.mo.gov **OR** telephone 1-844-543-9712 (IDEMIA).
  - Upon completing the registration you will be routed to the IdentoGo website for selection of fingerprint card processing.
  - Upon completing the registration you will receive an 8 digit Transaction Control Number (TCN). This number will be used to track your fingerprints through the background check process.
  - An email notification will be sent once registration has been complete with a link to a Printable Service Summary and basic instructions

- **Individuals needing to be fingerprinted OUTSIDE of the State of Missouri.**
  - Applicants will need to contact the office via email lcsw@pr.mo.gov to request a fingerprint card (FD-258) to be mailed directly to them via postal service.
  - Out–of-state applicants will take their fingerprint cards to their local law enforcement office for fingerprinting. The fingerprints may be traditional ink rolled or LiveScan.
  - Upon completing the card requirements, applicants will need to register with the Missouri Automated Criminal History Site (MACHS) at www.machs.mshp.dps.mo.gov **OR** telephone 1-844-543-9712 (IDEMIA).
  - Upon completing the registration you will be routed to the IdentoGo website for selection of fingerprint card processing.
  - Mail the signed pre-enrollment confirmation page and the completed fingerprint card to the below address:

    Prints Inc.-IdentoGo Missouri Card Scan
    Operations
    100 Salem Court
    Tallahassee, FL 32301

NOTE:
DO NOT submit fingerprints or fingerprint fees to the office.

Reset Form Print Form

Missouri State Highway Patrol
Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: 5416

Agency Name: State Committee for Social Workers

Agency ORI: MO920681Z Agency OCA: _____

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:
1. Log-on to www.machs.mo.gov
2. Click on the "blue box" Click here to register with the fingerprint portal
3. Click on the "blue box" Click here to register with MACHS
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click “complete registration.” This will redirect you to IDEMIA’s website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

IdentoGO

Missouri Non-Resident Cardscan

Universal Enrollment Platform Processing Overview

Cardscan processing is available for those applicants residing outside of Missouri or physically unable to visit an IdentoGo location. In order to complete the process, applicants must complete the following steps.

1. An Applicant should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink rolled fingerprints on a FBI (FD-258) fingerprint card or LiveScan fingerprints printed to a FBI (FD-258) fingerprint card.

   Please provide the following information to the technician capturing the fingerprints

   - **Capturing Four-Finger Slaps:**
     - Fingers must be placed vertically, straight up-and-down, when capturing the four-finger slaps as depicted to the right:

     - Missouri State Highway Patrol will reject or refuse to process any fingerprint cards that have the four finger slap prints at an angle.

   - **Capturing Individual Fingers:**
     - Each finger and thumb will need to be rolled completely from one side of the fingernail to the other side of the fingernail.
     - Missouri State Highway Patrol will reject and refuse to process any fingerprint card that contains non-rolled fingerprints.

   - **Submitting Fingerprint Cards:**
     - Fingerprints may be submitted on standard FD-258 FBI applicant cards
     - The fingerprint card must be completely filled-out in legible print. The following information must be included or the Fingerprint Card will not be processed:
       - ✓ Full name
       - ✓ Date of birth
       - ✓ Social Security Number
       - ✓ Home address
       - ✓ Sex
       - ✓ Height
       - ✓ Weight
       - ✓ Hair color
       - ✓ Eye color
       - ✓ Place of birth (state or country only)
       - ✓ Citizenship

IdentoGO

2. Once fingerprints are captured on a fingerprint card and the individuals demographic data is completely filled-out on the fingerprint card, please follow the steps listed below:
   - Pre-enroll on the MACHS system at www.machs.mshp.dps.mo.gov/.
   - After registering, the applicant will be routed to the IdentoGO website for selection of Fingerprint Card Processing.
     i. All processing fees will be collected during the pre-enrollment process.
     ii. A pre-enrollment confirmation page will be provided once registration is complete.
   - Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page.
   - Mail the signed pre-enrollment confirmation page and the completed fingerprint card to:

IdentoGO
Cardscan Department – Missouri Program
100 Salem Ct.
Tallahassee, FL 32301

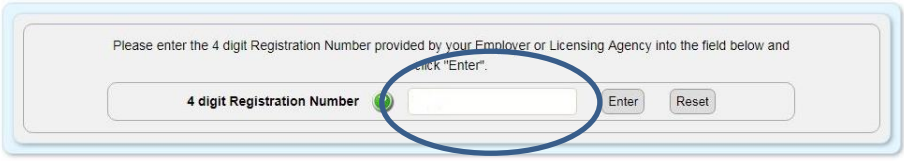
   - For further instructions, each applicant should contact their employer or agency contacts for those details.

Please review the following pages for more detailed instructions regarding the Universal Enrollment Platform Pre-Enrollment process. More information can be found on the IdentoGo Missouri website, found at https://www.identogo.com/locations/missouri.

IdentoGO

Directions for Pre-enrollment and Payment – Required for ALL Fingerprint Cards

1. Complete registration on the MACHS page (www.machs.mshp.dps.mo.gov/) using the 4-digit registration code provided by the requesting agency.



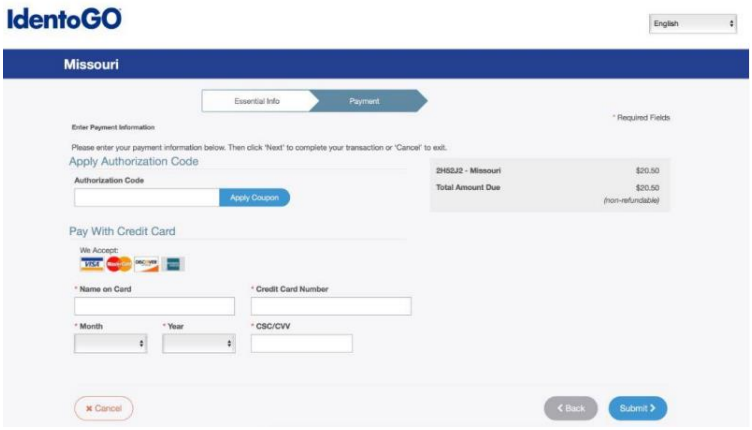
2. After entering their demographic information is complete, applicant will be routed to the IdentoGO page for completion.
3. Confirm information displayed is correct.

4. Select "Register for Fingerprint Card Processing Service".

5. Confirm you would like to submit Fingerprint Cards by clicking "yes".
6. Confirm Date of Birth by re-entering applicant Date of Birth, then click "Next".

IdentoGO

7. Pay using an authorization code provided by agency or employer, or pay with credit card. Once payment information has been entered, click “Submit”.



8. Once you have submitted your payment, you will be directed to the final registration page. You will need to complete sections 2 and 3 after printing. Submit this page along with your fingerprint card for processing to the address listed in Section 4. An example of the final screen is shown below.

9. An e-mail notification will be sent once registration has been complete with a link to a Printable Service Summary and basic instructions.

IdentoGO

Service Details:

Customer:	Hubert B Wolfeschlegelsteinhausenbergerdorff
UE ID:	UZ3R-12VX5S
TCN:	20180614f
ORI:	UEP500000
Service:	2H529S - MO Demo Full State and FBI Fees

This email confirms you have requested your fingerprint-based background check to be done by submitting a Fingerprint Card. In order to process your request, please mail the following documents:

1. The printed and signed IdentoGO registration summary page
2. Completed fingerprint card

The mailing instructions are on the registration summary page.

Click here to view your printable summary page

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- **Officials must provide to the applicant written notification[1] that his/her fingerprints will be used to check the criminal history records of the FBI.**
- **Officials must ensure that an applicant receives, and acknowledges receipt of, an adequate Privacy Act Statement when the applicant submits his/her fingerprints and associated personal information.[2]**
- **Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the employment, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.**
- **Officials must advise the applicant that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34.**
- **Officials should not deny the employment, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.**
- **Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.[3]**

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

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[1] Written notification includes electronic notification, but excludes oral notification.
[2] See https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
[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(c), 20.33(d), 50.12(b) and 906.2(d).

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