

## **OUT OF STATE APPLICANT**

## Texas Medical Board

This document is your FAST Fingerprint Pass for a state and national criminal history record check. Please register your fingerprint submission by visiting <a href="http://www.identogo.com">http://www.identogo.com</a> or by calling 1-888-467-2080. When registering your fingerprint submission you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth, Driver License Number and Home Address. Requested data is required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the

security of your personal information. You may pay for *FAST* services online with a credit card or by mail with a check or money order only made payable to MorphoTrust USA. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

<ol> <li>Logon to <a href="http://www.identogo.com">http://www.identogo.com</a></li> <li>Select: Texas</li> <li>Select: Online Scheduling</li> <li>Select: English or Espanol</li> <li>Enter: First and Last Name</li> <li>Select: Physician Licensing</li> </ol>	8. 9. 10	Enter: MB Select: Pay for Ink Card Submission Follow the prompts to enter requested information. Write in: RegID Mail in this completed form with your completed Fingerprint Card to address below.
Section One: Qualified Entity Information		
ORI#: TX920350Z Applicant ID: MB -	Original TCN: _	(If resubmission for rejected fingerprints)
Agency/Entity/Organization Name: <u>Texas M</u>		
Section Two: Applicant Name (To be completed b	y applicant)	
Last: (Please print)	First:(Please print)	Middle: (Please print)
Section Three: Waiver Information (To be complete	, ,	(Ficase print)
submitted information to available records in order to potentially pertinent information to the DPS during the this application is being submitted. I understand that collection of fingerprints and related information, whe to further disseminations by the FBI as may be autho any criminal history record check and challenge the a Entity. I also understand the Qualified Entity may decheck is completed. If a need arises to challenge the	identify other information that may be processing of this application and for the FBI may also retain my fingerprir re all such data will be subject to contized under the Federal Privacy Act (accuracy and completeness of the information) me access to children, the elderly, a FBI record response, you may contaminal Justice Information Services (Compared to the information Services)	lication information to the FBI for the purpose of comparing the pertinent to the application. I authorize the FBI to disclose or as long hereafter as may be relevant to the activity for which its and other applicant information in the FBI's permanent inparisons against other submissions received by the FBI and 5USC 552a(b)). I understand I am entitled to obtain a copy of formation before a final determination is made by the Qualified or individuals with disabilities until the criminal history record act the agency that submitted the information to the FBI, or you CJIS) Division at FBI CJIS Division, Attention: Correspondence
Signature:		Date:
Section Four: Fingerprint Cards and Payment		
	Social Security Number. Requ	f Birth, Sex, Race, Height, Weight, Eye Color, Hai ested data is required by the Texas Department o ent (if not paid online) to:
MorphoTrust USA	RegID:	
Texas Cardscan Processing 1650 Wabash Avenue, Suite D	(provide	ed at the end of online registration)
Springfield, IL 62704	Amount Charged For Service: _\$41.45	
	Paid by: ☐ Check/Mon	ey Order (mailed in)

Applicants wishing to verify that a fingerprint card has been processed may call (888) 467-2080 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA Enrollment Services regarding processing status.