

## IN STATE APPLICANT TEXAS MEDICAL BOARD

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <u>http://www.identogo.com</u> or by calling 1-888-467-2080. When scheduling an appointment 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 and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. 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 onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

<ol> <li>Logon to <u>http://www.identogo.</u></li> <li>Select: <i>Texas</i></li> </ol>	<u>com</u>	6. 7.	Select: Select: <i>Physician Licensing</i> Enter: <i>MB -</i>
<ol> <li>Select: Online Scheduling</li> <li>Select: English or Espanol</li> <li>Enter: First and Last Name</li> </ol>		8. 9.	Enter: <i>MB</i> Follow the prompts to enter requested information. Bring this completed form with you to your appointment.
Section One: Qualified Entity Informatic	n		
ORI#: TX920350Z Applicant ID:	MB - Original TC	N: _	(If resubmission for rejected fingerprints)
Agency/Entity/Organization Name:	Texas Medical Board		
Section Two: Applicant Name (To be co	mpleted by applicant)		
Last:(Please print)	First: (Please print)		Middle: (Please print)
Section Three: Waiver Information (To b	be completed and signed by applicant)		
submitted information to available records potentially pertinent information to the DPS this application is being submitted. I under collection of fingerprints and related inform to further disseminations by the FBI as ma any criminal history record check and chall Entity. I also understand the Qualified Ent check is completed. If a need arises to ch	in order to identify other information that ma S during the processing of this application ar rstand that the FBI may also retain my finge ration, where all such data will be subject to y be authorized under the Federal Privacy / lenge the accuracy and completeness of the ity may deny me access to children, the eld allenge the FBI record response, you may c e FBI's Criminal Justice Information Service	ay be nd fo erprin com Act ( e info erly, conta	lication information to the FBI for the purpose of comparing the e pertinent to the application. I authorize the FBI to disclose or as long hereafter as may be relevant to the activity for which hts and other applicant information in the FBI's permanent hparisons 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:
	on (To be completed by FAST Enrollment	Age	ent)
Date Prints Taken	Amount Charged For Ser	rvice	e: <u>\$41.45</u>
Paid by: Check Money Order	I Visa  ☐ MasterCard  ☐ Billing Acct		
TCN:			
	RNMENT-ISSUED IDENTIFICATION PRES ERPRINTED THE SAME PERSON.	SEN.	TED BY THE APPLICANT AND ATTEST THAT TO MY BEST
	E.A. Signa	ture	:
(Please print)			Revised 06/13