



## **BACKGROUND CHECK INSTRUCTIONS**

### **Applicants from the United States**

Please complete the following form, including credit card payment information and signatures, and fax it to (614) 457-8930.

The reports to be conducted are:

- \$10 Nationwide Sexual Offender Search
- \$20 Level 3 National Public Records Search

If you do not have a Social Security Number (SSN) please write "NONE" in that field.

Results are to be sent to: [passportsecure@fclb.org](mailto:passportsecure@fclb.org)

### **Applicants from Canada, Australia, New Zealand, and England**

Please log on to: <https://www.mybackcheck.com/Public/Login.aspx>.

Follow process "For Individuals"

The reports to be conducted are:

- \* \$59 Criminal Record Check and Signed Police Certificate

Results are to be sent to: [passportsecure@fclb.org](mailto:passportsecure@fclb.org)

*NOTE: Criminal background check information will be held in a secure manner during the application process and appropriately disposed of upon issuance of a Chiropractic Passport.*



PERSONAL RELEASE ORDER FORM

FAX THIS COMPLETED FORM TO 614-457-8930. QUESTIONS? CALL 877-932-2435

Applicant Information: (Please print clearly; illegible writing will delay delivery)

\* = Required Information

\*Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ \*SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\*Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ \*Sex: M / F (please circle one)

Email: \_\_\_\_\_ \*Race: Black / Asian / White / American Indian / Unknown (please circle one)

I hereby certify that I have given National Background Check, Inc. (NBCI) permission to conduct a criminal history search on myself. I understand that this search may include, but is not limited to, information related to my driving history, credit worthiness and criminal history. I hereby authorize any individual/agency to release any and all information they may have to National Background Check, Inc. for the purpose of conducting said background check. I agree to release all such parties from any and all liability for any damage that may arise from the release of said information. I understand that some information that is obtained by NBCI is derived from public records and misidentifications based upon name and other identifiers can occur. By signing this release, I agree that NBCI is not responsible for any inaccuracies that may be found and that I will address any inaccuracies that may arise with the reporting entity. Furthermore, I agree that NBCI may release any and all information that is obtained in the course of the background check to the organization listed below (if applicable), to be used in accordance with any and all applicable laws.

\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*PLACE AN "X" NEXT TO THE REPORTS TO BE CONDUCTED:

- [X] \$10 NATIONWIDE SEXUAL OFFENDER SEARCH
\$15 SSN VERIFICATION
\$20 DRIVING HISTORY (ISSUING STATE): \_\_\_\_\_ (DRIVER LICENSE #): \_\_\_\_\_

CRIMINAL SEARCHES

- \$20 LEVEL 1 - COUNTY SEARCH BASED ON RESIDENCY (PER COUNTY PRICING)
COUNTY(S): \_\_\_\_\_
STATE(S): \_\_\_\_\_
RUN SECOND SEARCH BASED ON MAIDEN NAME
\$20 LEVEL 2 - STATE REPOSITORY OR COURT SYSTEM CHECK (WHERE AVAILABLE)
STATE(S): \_\_\_\_\_
[X] \$20 LEVEL 3 - NATIONAL PUBLIC RECORDS SEARCH
\$20 CIVIL RECORD SEARCH (PER COUNTY PRICING)
COUNTY(S): \_\_\_\_\_
STATE(S): \_\_\_\_\_
RUN SECOND SEARCH BASED ON MAIDEN NAME

\*EMAIL ADDRESS RESULTS ARE TO BE SENT TO: passportsecure@fclb.org

NAME OF ORGANIZATION: Federation of Chiropractic Licensing Boards

MAIN CONTACT: Jon Schwartzbauer, D.C. PHONE #: (970) 356-3500

\*PAYMENT INFORMATION

I AUTHORIZE NBCI TO CHARGE THE FOLLOWING CREDIT CARD TO PAY FOR THE ABOVE BACKGROUND CHECK(S)

TYPE (VISA, MC, AMEX): \_\_\_\_\_ CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV CODE: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_