If required by a practicum site, Ohio University Lancaster requires MAT students enrolling in MAT 2920 to have both a current BCI report and FBI report on file with the university.

Students should obtain the BCI and FBI reports at the:

Fairfield County Sheriff’s Office – Civil/Detective Bureau building, 108 N. High Street, Lancaster, Ohio (at the corner of High and Main Street – Enter from High Street). The office is open Monday through Friday, 8 am to 4 pm – no appointment is necessary. $50.00 for BCI & FBI. Cash, Check, or Money Order is accepted. (You may want to confirm that the pricing has not changed.)

Results should be sent to: Cynthia Boles, MAT Program Director
Ohio University Lancaster Campus
1570 Granville Pike
Lancaster, OH 43130

You will be mailed two copies of the report. Keep one with you and one in a safe place.

Never give away your last copy!

Notes:

❖ Take with you: the completed “Request for a Background Check via Electronic Fingerprinting” form, this information sheet, payment, and the proper identification—Driver’s License and Social Security Card.
❖ Systems will not work on dry hands. Please moisturize for a few days prior to being fingerprinted.
❖ Allow time for the results to be sent – at least a week – sometimes it may be longer!
❖ If a report comes back with a problem listed, the student will be informed about procedures that must be followed. Note that a practicum placement may not be possible, depending on the problem. (Individuals may not sit for the CMA (AAMA) exam if the person has been convicted of a felony.)

Questions – contact Cynthia Boles - bolesc@ohio.edu or 740-681-3708
You must provide valid **Driver’s License** (or Government issued photo ID) for
Identification and **Social Security Card** for Verification to be fingerprinted

Webcheck# ______________________   Log# ______________________

**Request for a Background Check via Electronic Fingerprinting**

☐ BCI/State $30  ☐ FBI/Federal $30  ☒ BCI and FBI/State and Federal $50

**Personal Information (please PRINT)**

| Name ________________________________ | State/Province ________________________________ |
| Date of Birth __________ | SSN ________________________________ |
| Address ________________________________ | Zip/Postal ________________________________ |
| City ________________________________ | Phone # ________________________________ |
| Email Address ________________________________ |

Complete this portion only if an FBI background check is needed:

Sex ☐ [ ] Race ☐ [ ] Height ☐ [ ] Weight ☐ [ ] Eyes ☐ [ ] Hair ☐ [ ]

**Reason for Background Check:** health care ________________________________

**Direct Copy to (circle only one):**

Ohio Department of Education
Ohio Board of Nursing
Ohio Department of Public Safety
Ohio Department of Liquor Control
Ohio State Racing Commission
Ohio Department of Insurance
OPOTA
None

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate, criminal arrest, conviction and juvenile delinquency adjudication records to the OUL MAT Program Director. I voluntarily and knowingly release and discharge the Ohio Attorney General’s Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

________________________________________ ________________________________
Applicant’s Name (please print)         Witness Name (please print)
________________________________________ ________________________________
Applicant’s Signature                  Date                         Witness Signature
________________________________________ ________________________________
Parent/Guardian’s Printed name
________________________________________ ________________________________
Parent/Guardian Signature (Minor Applicants only)

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.