



# Oregon

John A. Kitzhaber, MD, Governor

## STATE BOARD OF LICENSED SOCIAL WORKERS

3218 Pringle Road S.E., Suite #240

Salem, OR 97302-6310

(503) 378.5735

(866) 355.7050

Fax (503) 373.1427

oregon.blsw@state.or.us

http://www.oregon.gov/blsw

### FINGERPRINT ID FORM & INSTRUCTIONS

The Oregon State Board of Licensed Social Workers (BOARD) is the health regulatory agency responsible for licensing, regulating & disciplining regulated social workers in Oregon, & is governed by Oregon Revised Statute (ORS) Chapters 675 & 676, as well as Oregon Administrative Rule(s) (OAR) Chapter 877, respectfully.

The Board requires a criminal background fingerprint check on all applicants for licensure & certification, pursuant to OAR Chapter 877, Division 22. The criminal background check is conducted through the Oregon State Police by the submission of legible fingerprints from applicants.

#### INSTRUCTIONS FOR APPLICANT:

1. Your fingerprints can be taken at any facility that offers this service, such as the state police, any sheriff's department or any public fingerprinting agency.

**PLEASE BE PREPARED THAT MOST AGENCIES CHARGE AN ADDITIONAL FEE FOR PROVIDING FINGERPRINT SERVICES, WHICH IS AN ADDITIONAL COST TO THE \$50.00 THE BOARD REQUIRES FOR PROCESSING FINGERPRINTS & OBTAINING THE RESULTS.**

2. You will need to take this ID form, the LIVE SCAN TRANSMISSION form & the SELF-ADDRESSED ENVELOPE to the facility where your fingerprints will be taken, unless you downloaded this form from the Board's website.
3. Once your fingerprints have been obtained, insert this completed ID form & the fingerprint card into the envelope. **PLEASE INSTRUCT THE PERSON WHO OBTAINED YOUR FINGERPRINTS TO SEAL & SIGN THE BACK OF THE ENVELOPE.**
4. Please mail your completed fingerprint packet to the following:

#### INSTRUCTIONS FOR FINGERPRINTING OFFICIAL:

1. Please use an original FD-258 Form to obtain the applicant's fingerprints. If you do not have this form, the applicant will need to request the fingerprint packet from the Board office. You may use the LIVE SCAN TRANSMISSION FORM if this service is available.
2. Please verify the applicant's identity through government issued photo identification & complete the bottom portion of this form.
3. After the applicant has placed the necessary information into the envelope, please seal & sign the back of the envelope & return the envelope to the applicant. The applicant will submit the packet to the Board office.

NAME OF APPLICANT:	
STATE OF APPLICANT'S PHOTO ID:	NUMBER:
PRINT NAME OF OFFICIAL OBTAINING FINGERPRINTS	
NAME OF AGENCY:	
AGENCY	
 :	

**Thank you for your assistance with this procedural requirement!**



- ◆ PLEASE VISIT OUR WEBSITE AT [WWW.OREGON.GOV/BLSW](http://WWW.OREGON.GOV/BLSW)
- ◆ CALL THE BOARD OFFICE: (503) 378.5735
- ◆ EMAIL QUESTIONS TO: [oregon.blsw@state.or.us](mailto:oregon.blsw@state.or.us)



# REQUEST FOR TRANSMISSION OF LIVE SCAN FINGERPRINTS

**INFORMATION FOR LIVE SCAN OPERATOR: PLEASE NOTE: TRANSMITTING AGENCY WILL NOT BE CHARGED OR BILLED FOR THIS BACKGROUND CHECK**

Requesting Agency ORI: OR024BCSW Requesting Agency BILLING CODE: BLSW  
 Reason Fingerprinted: LICENSE / CERTIFICATION / PERMIT OCA: \_\_\_\_\_  
 TOT (Type of Transaction): NFUF Retained: N

*To properly transmit the fingerprint card, the Applicant's information shown below must be entered into the Live Scan prior to sending*

**REQUESTING AGENCY INFORMATION:** Agency Name: STATE BOARD OF LICENSED SOCIAL WORKERS  
 Contact Person: KIMBERLY SOMMER, Licensing Specialist  
 Contact Info: ☎ (503) 373-1161 ✉ Kimberly.Sommer@state.or.us

**APPLICANT INFORMATION: (PLEASE PRINT)**

**APPLICANT NAME:** \_\_\_\_\_  
 (Last) (First) (Middle)

**ALIAS OR MAIDEN:** \_\_\_\_\_  
 (Last) (First) (Middle)

**ADDITIONAL ALIAS:** \_\_\_\_\_  
 (Last) (First) (Middle)

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:**  Male  Female **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_  
 (Feet) (Inches)

**RACE:**  Asian or Pacific Islander  Black/African-American  American Indian / Alaska Native  White / Hispanic

**EYE COLOR:**  BLK  BLU  BRO  GRY  GRN  HAZ  XXX (Unknown)

**HAIR COLOR:**  BLK  BLN  BRO  GRY  SDY  WHT  RED/AUBURN  XXX (Bald/Unk)

**PLACE OF BIRTH:** \_\_\_\_\_ (If born in the USA, enter the State; if outside USA, enter the Country)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
 (The identification process will benefit from this information. However, it is not required that the SSN be provided)

## THIS FORM IS TO BE RETAINED BY THE APPLICANT FOR FUTURE REFERENCE

**Live Scan Transaction Completed By:** \_\_\_\_\_  
 Name of Operator

**Transmitting Agency:** \_\_\_\_\_  
 Name of Transmitting Agency

**Transmission Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

## **PUBLIC FINGERPRINTING ~ LIVE SCAN AGENCIES**

**ALWAYS CALL THE AGENCY TO VERIFY HOURS AND COSTS**

ALL INFORMATION IS SUBJECT TO CHANGE WITHOUT NOTICE

<p><b>CLATSOP COUNTY SHERIFF'S OFFICE</b>  <b>(503) 325.8641</b>          636 Duane Street          Astoria, OR 97105</p>	<p><b>MORROW COUNTY COURT</b>  <b>(541) 676.5317</b>          Irrigon Justice Court Building          205 SE Third Street          Irrigon, OR 97844</p>
<p><b>COLUMBIA COUNTY JAIL</b>  <b>(503) 366.4611</b>          901 Port Avenue          St. Helens, OR 97051</p>	<p><b>PORTLAND POLICE BUREAU</b>  <b>(503) 823.0721</b>          1111SW 2<sup>ND</sup>, Room #1250          Portland, OR 97204</p>
<p><b>CROOK COUNTY SHERIFF'S OFFICE</b>  <b>(541) 447.6398</b>          308 NE 2<sup>nd</sup> Avenue          Prineville, OR 97754</p>	<p><b>SEASIDE POLICE DEPARTMENT</b>  <b>(503) 738.6311</b>          1090 S. Holladay Drive          Seaside, OR 97138</p>
<p><b>DOUGLAS COUNTY JAIL</b>  <b>(541) 440.4440</b>          1036 SE Douglas Avenue          Roseburg, OR 97470</p>	<p><b>INDEPENDENCE POLICE DEPARTMENT</b>  <b>(503) 838.1214</b>          240 Monmouth Street          Independence, OR 97351</p>
<p><b>JEFFERSON COUNTY JAIL</b>  <b>(541) 475.2869</b>          675 NW Cherry Lane          Madras, OR 97741</p>	<p><b>HERMISTON POLICE DEPARTMENT</b>  <b>(541) 567.5519</b>          330 South 1<sup>st</sup> Street          Hermiston, OR 97838</p>
<p><b>FLORENCE POLICE DEPARTMENT</b>  <b>(541) 997.3515</b>          900 Greenwood Street          Florence, OR 97439</p>	<p><b>UNION COUNTY JAIL</b>  <b>(541) 963.1017</b>          1109 K Avenue          La Grande, OR 97850</p>
<p><b>COTTAGE GROVE POLICE DEPARTMENT</b>  <b>(541) 942.9145</b>          400 E. Main Street          Cottage Grove, OR 97424</p>	<p><b>WASCO COUNTY CIVIL</b>  <b>(541) 506.2580</b>          511 Washington Street, Suite #102          The Dalles, OR 97058</p>
<p><b>LINCOLN COUNTY CIVIL</b>  <b>(541) 265.4923</b>          225 West Olive Street          Newport, OR 97365</p>	<p><b>YAMHILL COUNTY JAIL</b>  <b>(503) 472.9371</b>          535 East 5<sup>th</sup> Street          McMinnville, OR 97128</p>