# Electronic Fingerprinting Form

**Take this form with you to the Live Scan service provider. Please check the service provider's requirements to see if you need to bring any additional items.**

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the livescan method.
- You can find a Livescan service provider at: http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html.
- You may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the Department.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results.
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, ***including your Social Security number (SSN)***.
- The ORI number for the Board of Massage Therapy is **EDOH4600Z**;
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____ Social Security Number: _____

Aliases: _____

Date of Birth: _____ Place of Birth: _____
        (MM/DD/YYYY)

Citizenship: _____ Race: _____ (W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: _____ Weight: _____ Height: _____
    (M=Male; F=Female)

Eye Color: _____ Hair Color: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Transaction Control Number (TCN#):_____
        (This will be provided to you by the Live Scan Service provider.)

## Keep this form for your records.