



## MEDICAL BOARD OF CALIFORNIA Licensing Program

### PHYSICIAN'S & SURGEON'S LIVE SCAN INFORMATION

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

#### • CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES •

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.** Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, social security number, California driver's license number and home address) is provided on *each of the three forms*. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.**

Applicants can access the Web site, <http://ag.ca.gov/fingerprints/publications/contact.htm> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that Web site. **After completing the Live Scan process, applicants must submit ONE of the THREE pages with the initial application (Forms L1A-L1E) to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

If you do not reside in California, you have the option of completing the paper fingerprint cards. You may contact the Board's Consumer Information Unit at (916) 263-2382 to request the paper fingerprint cards. The results of paper fingerprint cards are generally received within twelve 12 weeks.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This is in addition to the fingerprint processing fee that must be paid to the Medical Board of California with your application. For information about the fingerprint clearance process and time frames, please see:

<http://ag.ca.gov/consumers/morefaqs.php>

Because applicants from the medical professions must be concerned with sanitary issues, they wash and scrub their hands so much that images of their fingerprints are often difficult to read. When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

**FINGERPRINT CLEARANCES FROM BOTH THE DOJ AND THE FBI MUST BE RECEIVED PRIOR TO THE ISSUANCE OF A PHYSICIAN'S AND SURGEON'S MEDICAL LICENSE IN CALIFORNIA**

If you have ever been convicted of a misdemeanor or felony,  
the record of conviction will be reported to the Board as a result of your fingerprint inquiry.

Revised 06/2011

REQUEST FOR LIVE SCAN SERVICE  
Applicant Submission

ORI: A0383 Type of Application: LICENSE, CERTIFICATION, PERMIT  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: PHYSICIAN & SURGEON

Agency Address Set Contributing Agency:

MEDICAL BOARD OF CALIFORNIA 05612  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
2005 EVERGREEN STREET, SUITE 1200 CINDY ROGALSKI  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
SACRAMENTO CA 95815 (916) 263-2369  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please Print) Last First MI  
Alias: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
Last First  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL** - 130065  
Agency Billing Number  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box  
Place of Birth: \_\_\_\_\_ City, State and Zip Code  
SOC: \_\_\_\_\_

Your Number: 00CK  
OCA No. (Agency Identifying No.)  
Level of Service  DOJ  FBI  
If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_  
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)  
City State Zip Code ( )  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator  
Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

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Code assigned by DOJ

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MEDICAL BOARD OF CALIFORNIA

Agency authorized to receive criminal history information

2005 EVERGREEN STREET, SUITE 1200

Street No.

Street or P.O. Box

SACRAMENTO CA 95815

City

State

Zip Code

05612

Mail Code (five digit code assigned by DOJ)

CINDY ROGALSKI

Contact Name (Mandatory for all school submissions)

(916) 263-2369

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please Print) Last First MI

Alias: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

SOC: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Misc. No. **BIL** - 130065  
Agency Billing Number

Misc. No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or P.O. Box

City, State and Zip Code

Your Number: 00CK  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

### Employer: (Additional response for agencies specified by statute)

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street No Street or P.O. Box

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Mail Code (five digit code assigned by DOJ)

( ) \_\_\_\_\_  
Agency Telephone No. (Optional)

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Transmitting Agency ATI No. Amount Collected/Billed