

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$14.75 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

PLEASE PRINT

LA State Board of Social Work Examiners
AGENCY, FACILITY OR INDIVIDUAL

Emily DeAngelo, Administrator
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

18550 Highland Road Suite B
MAILING ADDRESS

Emily DeAngelo
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge LA 70809
CITY STATE ZIP CODE

(225) 756-3470
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

socialwork@labswe.org
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET
<input type="checkbox"/> BEHAVIOR ANALYST BOARD
<input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST
<input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS
<input type="checkbox"/> CASA
<input type="checkbox"/> COURT ORDER ADOPTION
<input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE
<input type="checkbox"/> DAYCARE
<input type="checkbox"/> DENTISTRY BOARD
<input type="checkbox"/> DEPT. OF INSURANCE – FRAUD DIVISION
<input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
<input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION
<input type="checkbox"/> DCFS CARETAKER
<input type="checkbox"/> DCFS FOSTER/ADOPTIVE
<input type="checkbox"/> DCFS PERSONNEL
<input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS
<input type="checkbox"/> EMPLOYERS
<input type="checkbox"/> FIREFIGHTERS
<input type="checkbox"/> FIRE MARSHAL
<input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed)
<input type="checkbox"/> JUVENILE DETENTION CENTER
<input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS
<input type="checkbox"/> LA PHYSICAL THERAPY BOARD | <input checked="" type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS
<input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS
<input type="checkbox"/> MEDICAL EXAMINERS
<input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS
<input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER
<input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL
<input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION
<input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT
<input type="checkbox"/> PHARMACY BOARD
<input type="checkbox"/> POST SECONDARY EDUCATION
<input type="checkbox"/> PRACTICAL NURSING
<input type="checkbox"/> PRIVATE ADOPTION
<input type="checkbox"/> PRIVATE INVESTIGATORS
<input type="checkbox"/> PRIVATE SECURITY
<input type="checkbox"/> PUBLIC HOUSING
<input type="checkbox"/> REGISTERED NURSING
<input type="checkbox"/> RELIGIOUS ACTIVISTS
<input type="checkbox"/> SCHOOL
<input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION
<input type="checkbox"/> TAXI DRIVERS
<input type="checkbox"/> TESS WINDOW TINT
<input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION
<input type="checkbox"/> WORKING WITH CHILDREN |
|---|---|

APPLICANTS FULL NAME: _____
****PRINT – USE INK**** LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _____ DATE OF BIRTH: __/__/__

ID or DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.