



Education Standards and Practices Board

2718 Gateway Avenue, Suite 204
Bismarck, ND 58503-0585
(701) 328-9641
(701) 328-9647 fax
<http://www.nd.gov/espb>

Fingerprinting Instructions and Forms

(January 2025)

Fingerprint cards can be completed at any sheriff's office, a police department, by campus police, or by an agency authorized to take US fingerprints in any state or country. **Two** cards must be completed with a ten-finger check and should not be folded, bent, or altered in any way. The agency that completes your fingerprints should have blank cards for you to use. If your fingerprinting is processed and transmitted electronically by a law enforcement center in North Dakota, you will only receive one fingerprint card and a Fingerprint Acknowledgement Form from the fingerprint agent. You will be responsible to pay any fees charged by the fingerprinting agent.

Every space on the top section of the fingerprint cards must be completed, as indicated on the attached example card. The fingerprinting agency may request the **ORI**, which is **ND920110Z**, and **Reason Fingerprinted**, which is **Teacher Licensure in accordance with NDCC 15.1-13-14**.

Collect the following items and take them with you when you get fingerprinted:

- Envelope large enough to mail 2 8x8 inch fingerprint cards
- Money Order or Cashier's Check for \$44.50 made out to ESPB
- Fingerprint forms from the ESPB Fingerprinting Instructions and Forms

After you have been fingerprinted, mail the following in a sealed envelope signed by the fingerprint technician to the North Dakota Education Standards and Practices Board at 2718 Gateway Ave, Suite 204, Bismarck ND 58503:

- **2 completed fingerprint cards -OR-, if your fingerprints were completed and transmitted electronically by a North Dakota law enforcement center, 1 fingerprint card and Fingerprint Acknowledgement Form**
- **ESPB Fingerprint Verification form**
 - **Applicant must complete Part 1, sign, and date**
 - **Fingerprint Technician must complete Part 2**
- **Criminal History Record Check Request Form**
 - **Complete the last section titled "To Be Completed by Subject of Record Check"**
 - **Sign and date the form**
- **Money Order or Cashier's Check for \$44.50 made out to ESPB. (Please do not submit a personal check.)**

You will receive an email from espbndteach@nd.gov once your background check has been completed.

**** Please keep the confirmation email for your records, since it will be the only confirmation you will receive regarding the results of your background check. ****

The BCI and FBI check may take six weeks or more for processing. Please allow sufficient time for the fingerprint check and completion of the licensure process before beginning any teaching position. North Dakota law requires a current valid North Dakota teaching license for employment.

Never go into a classroom to teach without a valid North Dakota license. There is a \$50 a day fine, which you are responsible to pay, if you are employed as an educator without a license.

Fingerprinting requirement in accordance with NDCC 15.1-13-14. ESPB does not advocate, permit nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.

APPLICANT <small>* See Privacy Act Notice on Back</small> FD-258 (REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED * RESIDENCE OF PERSON FINGERPRINTED * DATE * SIGNATURE OF OFFICIAL TAKING FINGERPRINTS * EMPLOYER AND ADDRESS REASON FINGERPRINTED Teacher Licensure in accordance with NDCC 15.1-13-14		LEAVE BLANK TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME ALIASES AKA * CITIZENSHIP CTZ * YOUR NO. OCA FBI NO. FBI ARMED FORCES NO. MNU SOCIAL SECURITY NO. SOC MISCELLANEOUS NO. MNU		FBI LEAVE BLANK ND920110Z ESPB BISMARCK ND DATE OF BIRTH DOB Month Day Year * PLACE OF BIRTH POB * SEX * RACE * HGT. * WGT. * EYES * HAIR * LEAVE BLANK CLASS _____ REF. _____	
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1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

EXAMPLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Codes for Demographic Information:

Race

A – Asian/Pacific Islander
 B – Black/African American
 I – American Indian or Alaskan Native
 W – White or Hispanic
 U – Unknown

Eye and Hair Color

BLD – Bald
 BLK – Black
 BLN – Blonde or Strawberry
 BLU – Blue
 BRO – Brown
 GRY – Gray
 GRN – Green
 HAZ – Hazel

MAR - Maroon
 MUL – Multi-colored
 ONG – Orange
 PLE – Purple
 PNK – Pink
 RED – Red
 SDY – Sandy
 WHI – White



ESPB Fingerprint Verification Form

Part 1 – To be completed by applicant

Please Print Legibly

Last Name	First Name	Middle Name
Maiden/Former Last Names	Social Security Number	
Mailing Address	Email Address – REQUIRED FOR TIMELY PROCESSING	
City	State	Zip Code
Home/Cell Phone Number	Work Phone Number	Date of Birth

Pursuant to NDCC 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal record to the North Dakota Education Standards and Practices Board (ESPB), and I give ESPB permission to check for my name on the North Dakota Child Abuse and Neglect Index, as a prerequisite for teacher licensure.

Fingerprints submitted will be used to check the criminal history records of the FBI and the North Dakota BCI.

Date

Signature of Applicant

Part 2 – To be completed by fingerprint technician

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints. If the individual is being printed via livenesscan, please do NOT fill out card prior to being fingerprinted.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. *Do not give the applicant the card without first sealing it inside the envelope.*

Date:	Name of Applicant:
Name of Fingerprint Technician (print):	
Fingerprint Technician's Agency/Company Name:	
Type of Photo ID Provided (check one): ___ Driver's License ___ Passport ___ Other (please specify)	

For ESPB Use Only

ND BCI Report Received _____ Clear / Hit

FBI Report Received _____ Clear / Hit

NASDTEC Clearinghouse _____



CRIMINAL HISTORY RECORD CHECK REQUEST PURSUANT TO NDCC 12-60-24

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 60688 (12-2024)

FOR BCI USE ONLY

Check Number

Amount

Receipt Number

Receipt Date

SID

INSTRUCTIONS

1. **Please complete your designated section of the form.** Type or print legibly and ensure that all information is provided. **Incomplete or illegible requests will be returned.**
2. If requesting Federal Bureau of Investigation (FBI) check related to N.D.C.C. 12-60-24, attach two completed fingerprint cards containing the fingerprints of the subject of the record check. Be sure to include the required fee with your request. Make checks or money order payable to the North Dakota Attorney General.

TO BE COMPLETED BY AGENCY

Agency Name Education Standards and Practices Board		Originating Agency Identifier (ORI) ND920110Z	
Contact Name Amy Bigelow	Telephone Number/Extension 701-328-9641	Email Address abigelow@nd.gov	
Address 2718 Gateway Ave Suite 204	City Bismarck	State ND	ZIP Code 58503
Comments/Miscellaneous			
Please Check One and Remit Appropriate Fees ESPB USE ONLY			
Record Check for Employees/Others		Record Check for Volunteers	
<input type="checkbox"/> ND only, remit \$15.00		<input type="checkbox"/> ND only, remit \$15.00	
<input type="checkbox"/> FBI only, remit \$25.00		<input type="checkbox"/> FBI only, remit \$23.00	
<input type="checkbox"/> ND and FBI, remit \$40.00		<input type="checkbox"/> ND and FBI, remit \$38.00	
Process Control Number (PCN)		Reason Fingerprinted	
		Teacher Licensure in accordance with NDCC 15.1-13-14	

TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name
Date of Birth	Social Security Number	
Current Address	City	State ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I understand the Applicant Rights provided on the following page and hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature (typed name is the legal equivalent of a handwritten signature)	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.

APPLICANT RIGHTS

APPLICANT: Please review and retain for your records.

Privacy Act Statement

As of 03/30/2018

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

28 CFR 50.12(b)

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Those officials making such determinations must advise the applicants that procedures for obtaining a change, correcting, or updating of an FBI identification record are set forth in 28 CFR 16.34. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record.