

**MONTANA BOARD OF BEHAVIORAL HEALTH  
PEER SUPPORT SPECIALIST CERTIFICATION  
PO Box 200513 (301 S Park, 4th Floor)  
Helena, MT 59620-0513  
LICENSING PHONE: (406) 444-5773  
EMAIL: [dlibsdbbh@mt.gov](mailto:dlibsdbbh@mt.gov) WEBSITE: [www.bbh.mt.gov](http://www.bbh.mt.gov)**

**FINGERPRINTING & BACKGROUND CHECK INSTRUCTIONS**

- ❖ The fingerprint and background check process may be a lengthy with the Department of Justice, Criminal Records. For this reason, you are encourage to complete your paperwork for the process ASAP.
- ❖ Read and attest to reading the Noncriminal Justice Applicant's Rights form (the form is included in this packet).
- ❖ Fingerprint cards are available from most local law enforcement agencies and the Montana DOJ. A sample card specific to peer support specialists is attached. Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:

**EMPLOYER & ADDRESS:** MT. Dept. of Labor & Industry  
MT. Board of Behavioral Health  
Peer Support Specialist Certification  
301 South Park Ave, 4<sup>th</sup> Floor  
PO Box 200513  
Helena, MT 59620-0513

**REASON FINGERPRINTED:** Mt CA 37.38 202 MCA  
Behavioral Health Support Applicant

**ORI NUMBER:** MT920095Z

- ❖ Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, **send the completed fingerprint card along with a check or money order for \$27.25 made payable to the Montana Department of Justice and mail it to Montana Criminal Records, 2225 11<sup>th</sup> Avenue, PO Box 201403, Helena, MT 5960-1403.** Please check with your local post office and add accurate postage prior to mailing.
- ❖ If DOJ rejects your first prints as "unreadable", the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- ❖ **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Behavioral Health. Your process will not be considered complete until the CHRI is received from the DOJ.**

## Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification by the Board of BEHAVIORAL HEALTH that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge.

If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at [dojitsdpublicrecords@mt.gov](mailto:dojitsdpublicrecords@mt.gov) or 406-444-3625.

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.*

Signed:

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Signature

Date

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Printed Name

<sup>8</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>9</sup> See 28 CFR 50.12(b). <sup>10</sup> See 5 U.S.C. 552(a)(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



## PRIVACY ACT STATEMENT

**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. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**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 nongovernmental 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.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



<b>APPLICANT</b> <small>Local Fingerprint Agency of State</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
For FBI Use Only		LAST NAME NAM		FIRST NAME		MIDDLE NAME		For FBI Use Only		For FBI Use Only	
FD-258 (REV. 3-1-10) 1110-0048		Doe		John		Joseph					
SIGNATURE OF PERSON FINGERPRINTED Applicant's Signature		ALIAS/ AKA Smith, Robert (Used By Applicant) Include maiden and nicknames		O R I		MT920095Z		DATE OF BIRTH Month Day Year 01 01 1950		DOB	
RESIDENCE OF PERSON FINGERPRINTED Applicant's Present Address		CITIZENSHIP CTZ US or Foreign Country		SEX M W		RACE 508 165		EYES Bro Bro		HAIR State Or Country	
DATE Date Prints Taken		SIGNATURE OF SPECIAL TAKING FINGERPRINTS Enter Name of Official Taking Prints		FBI NO. FBI For FBI Use Only		ARNED FORCES NO. MNU		CLASS		REF	
EMPLOYER AND ADDRESS MT Dept of Labor and Industry 301 S Park 4 <sup>th</sup> Fl PO Box 200513 Helena MT 59620		SOCIAL SECURITY NO. SDC Enter Social Security # If available		MNU		LEAVE BLANK					
REASON FINGERPRINTED MtCA 37-38-202 Behavioral Health Support applicant											

Make A Notation In The Appropriate Finger Blocks If Applicant Is Missing One Or More Fingers For Any Reason. If Not Missing, All Ten Impressions Must Be Provided With Scars And Deformities Notated.

Use Care And Save Time By Assuring All Impressions Are Taken In Correct Sequence, Are Legible, Fully Rolled And Classifiable. Make Sure That All Requested Data Has Been Provided. Unclear Prints Will Be Rejected. Fingerprint Cards Which Are Not Prepared Correctly Will Be Returned

L R THUMB		R R INDEX		R R MIDDLE		R R RING		R R LITTLE			
L L THUMB		L L INDEX		L L MIDDLE		L L RING		L L LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L THUMB		R THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Sample