

**Mississippi State Board of Physical Therapy
PO Box 55707
Jackson, MS 39296**

Request for Fingerprint Card

I, _____, request that a fingerprint card be sent to me at the below listed address for the purpose of licensure as a physical therapist or physical therapist assistant in the State of Mississippi. I have enclosed the required fee of \$50.00 to cover processing. I understand that my licensure application file is not complete until the Mississippi State Board of Physical Therapy has received all licensure requirements and a response from both the Mississippi Criminal Information Center and the FBI concerning my criminal history via fingerprint records.

Applicant Notification and Record Challenge

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 also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., §16.34. Officials making such determinations 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. (*Title 42, U.S.C., §14616, Article IV(c); Title 28, C.F.R., §50.12(b)*)

Address: _____

Signature

Phone #: _____

Social Security #: _____