

### FBI and BCI Background Check via Electronic Fingerprinting

### **Local locations for fingerprinting:**

https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing

# You will need to provide:

| Tou will ficeu to provide. |                |  |
|----------------------------|----------------|--|
| 1.                         | Photo ID:      |  |
| 2.                         | Name:          |  |
| 3.                         | Date of Birth: |  |
| 4.                         | SSN #:         |  |
| 5.                         | Address:       |  |
| 6.                         | State:         |  |
| 7.                         | Zip Code:      |  |
| 8.                         | Phone Number:  |  |
| 9.                         | Email Address: |  |
| 10.                        | Sex:           |  |
| 11.                        | Race:          |  |
| 12.                        | Height:        |  |
| 13.                        | Weight:        |  |
| 14.                        | Hair Color:    |  |
| 15.                        | Eye Color:     |  |

## Reason for background check:

Respiratory clinical rotations, respiratory licensure, and employment. Code: 4761 051

### Address for results to be mailed to (absolutely necessary):

WSCO

Attn: Adrienne Hellinger 710 Colegate Drive Marietta, OH 45750

### **Direct Copy Options (also absolutely necessary):**

Ohio Medical Board – Respiratory Care Professional