



GEORGIA BOARD OF MASSAGE THERAPY
237 Coliseum Drive, Macon, Georgia 31217-3858
(404) 424-9966 * sos.ga.gov/georgia-board-massage-therapy

GENERAL INSTRUCTIONS – REINSTATEMENT OF LICENSE

Please read these instructions and the Georgia Law and Rules for Massage Therapy prior to completing this application.

You may not practice as a massage therapist in Georgia without an active license

In addition to filing this application for reinstatement of a lapsed or revoked license, this form is also used to file for the reinstatement of a license that has been in **Inactive Status for more than two (2) years.**

APPLICATION FOR LICENSURE BY REINSTATEMENT: ALL APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTATION FOR REINSTATEMENT

*****Reinstatement of a license is at the sole discretion of the Board*****

CRIMINAL BACKGROUND CHECK Please register to have your fingerprints taken then submit your application or complete them simultaneously. If no application is on file with the Board within **30 days** of your print registration, approval to get printed will be declined and you will need to pay another fee to register for prints. Criminal background checks are required by the law (O.C.G.A. § 43-24A-8, 13) for each application submitted. Refer to the Georgia Board of Massage Therapy website at sos.ga.gov/georgia-board-massage-therapy under “Forms” section for “MT FIELDPRINT-GAPS Fingerprinting Instructions.” Applicants **must register** with FIELDPRINT and follow the guidelines found on their website at <https://www.fieldprintgeorgia.com>. **DO NOT MAIL FINGERPRINT CARDS TO THE BOARD. THEY WILL BE RETURNED TO YOU AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION.** **** DISCLAIMER: The Georgia Board of Massage Therapy is not responsible for unacceptable or rejected fingerprints. The vendor is responsible for providing acceptable fingerprints. As of June 1, 2020, your application signals to staff to approve you to get your prints taken. Once approved, you will receive an email informing you to go to a print location to get printed within 90 days of the date of notification. As a result, it is imperative that you complete your fingerprints within that timeframe. If you fail to do so, you will have to pay an additional registration fee with FIELDPRINT-GAPS. Your results are only available for thirty (30) days from the date you submit your prints; therefore, after prints have been taken, you must notify the Board by sending an email to PLB-Healthcare2@sos.ga.gov. If the thirty (30) days have expired and your results are no longer available on the FIELDPRINT SITE, you may be required to have your prints retaken. PLEASE NOTE: If you want to challenge the accuracy of the background results or need to correct or update the record, you will be given 30 days to do so in the manner prescribed on the Privacy Rights you were provided.**

APPLICATION: Type or print in ink. You must respond to all questions and requests on the application or it will be returned for you to complete. Include a recent passport photograph taken within the last 12 months. Application must be notarized by notary public. Mail application pages 3-10, the application fee, and any additional required documents to: Georgia Board of Massage Therapy, 237 Coliseum Drive, Macon, Georgia 31217-3858.

APPLICATION FEE: The fee must accompany your application – see fee schedule.

The application fee is NON-REFUNDABLE & NON-TRANSFERABLE and cannot be combined with any other fee.
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20. Make checks/money orders payable to: Georgia Board of Massage Therapy.

PROOF OF CONTINUING EDUCATION: You are required to submit to the Board with your application proof of Continuing Education hours. You must submit certificates of completion with course outlines/agenda pursuant to Board Rule 345-4-.02 which states twenty-four (24) hours of Continuing Education are required to be obtained within one (1) year before the date of this reinstatement application. 12 of the 24 hours submitted must be “Hands On” hours – see Board rules.

ADDITIONAL DOCUMENTATION

VERIFICATION OF LICENSE: If you hold or have held a license as a Massage Therapist in any other state, jurisdiction or territory, request each state, jurisdiction or territory to submit an official, certified verification of licensure directly to the Board. You may be required to pay a fee. The Board’s mailing address is: Georgia Massage Therapy Board, 237 Coliseum Drive, Macon, Georgia 31217-3858 or it may be submitted electronically to PLB-Healthcare2@sos.ga.gov.

VERIFICATION OF PRACTICE/EMPLOYMENT: Request your most recent employer to complete the employment verification form verifying date of last practice as a massage therapist. The form must be forwarded to your employer for completion and either mailed back by the employer **directly** to the Georgia Massage Therapy Board at the address on the form, or provided to the applicant to submit with your application materials. **The section which verifies practice must be completed by your employer, not the applicant. If you are self-employed, complete and sign the form yourself.**

NATIONAL EXAMINATIONS: If the verification of your passing one of the required exams IS NOT ON FILE WITH THE GA BOARD and if the Board determines that evidence of passing one of the Board approved National Examinations is required, you must request that an OFFICIAL score report be forwarded directly to the Board offices from one of the following entities: 1) National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) showing the applicant has passed either the “National Certification Exam for Therapeutic Massage” (NCETM), the “National Certification Exam for Therapeutic Massage & Bodywork” (NCETMB) or the National Examination for State Licensing (NESL) or, 2) Federation of State Massage Therapy Boards (FSMTB) showing the applicant has passed the “Massage and Bodywork Licensing Examination” (MBLEX). **COPIES OF THE SCORE REPORT YOU RECEIVED WILL NOT BE ACCEPTED. EXAM SCORES WILL BE HELD UP TO 60 DAYS FROM RECEIPT. IF NO APPLICATION IS RECEIVED WITHIN THAT TIMEFRAME, THE SCORES WILL BE DISCARDED.** You will then be required to have them submitted again to complete your application.

ADDRESS/E-MAIL CHANGE: You may update your address/e-mail address online, or by writing the Board using the name and address change form from the website. Please indicate that you are an applicant for reinstatement in your request. The post office does not forward mail from the Board office. **Please mail address change to: Georgia Massage Therapy Board, 237 Coliseum Drive, Macon, Georgia 31217-3858 or submit the form to PLB-Healthcare2@sos.ga.gov in a PDF format.**

BACKGROUND INFORMATION: Please provide details in a letter of explanation for any arrest or conviction; any plea of guilty, nolo contendere, or having been sentenced under the “First Offender Act” for any felony, misdemeanor or any offense other than a minor traffic violation? DWI or DUI are not minor traffic violations. Also, you must report any disciplinary action or investigation involving any professional license you may hold or have held, in any state, jurisdiction or territory, and, submit copies of the official court or other official document which indicates the final disposition of any reported incidents as described. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information.

SECURE & VERIFIABLE DOCUMENT: Changes to Georgia Law (OCGA 50-36-1) provide that all applicants for licensure provide a “Secure & Verifiable Document” with their application. The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary. **ALL APPLICANTS FOR MASSAGE THERAPIST LICENSURE MUST PROVIDE THIS DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED.** See pages 8 & 9 of this application for more information.

PROOF OF LAWFUL PRESENCE: Please see pages 6, 8 & 9 of this application for new requirements to verify your US Citizenship or lawful presence in the USA to work. **Your application cannot be processed without this information.**

PROOF OF LIABILITY INSURANCE: Applicants must submit proof of liability insurance coverage for bodily injury, property damage, and professional liability in coverages and amounts of not less than \$1 million per occurrence, with not less than a minimum annual aggregate of \$3 million for all occurrences. A license will not be issued if this is not received.

APPLICATION STATUS, BOARD REVIEW, AND DECISION: Only completed applications with all supporting documents/fees will be presented to Board for review. An application is considered complete when all supporting documents are received. It is the applicant’s responsibility to follow-up on the application status. **Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.** Any decision of the Board following a Board review of an application is communicated by e-mail or USPS mail within 15 business days following a scheduled Board meeting. The Board staff is not authorized to communicate a decision of the Board over the telephone.

PROOF OF ACTIVE MILITARY STATUS (if applicable) If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34.

DO NOT INCLUDE THESE INSTRUCTION PAGES WHEN SUBMITTING YOUR APPLICATION FOR LICENSURE TO THE BOARD – ONLY SUBMIT THE FOLLOWING PAGES (3-9)

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA BOARD OF MASSAGE THERAPY
 237 Coliseum Drive * Macon, Georgia 31217-3858
 (404) 424-9966 * <https://sos.ga.gov/georgia-board-massage-therapy>
APPLICATION FOR REINSTATEMENT OF LICENSE

REINSTATEMENT IS AT THE DISCRETION OF THE BOARD

Application Fee: \$210.00 – (\$200.00 application fee + \$10.00 processing fee)
Non-Refundable & Non-Transferable

Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20).

SECTION I: PERSONAL INFORMATION

NAME _____
Last First Middle (Maiden)

NAME (in which license was originally issued if different): _____
Last First Middle (Maiden)

*SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH M M - D D - Y Y Y Y
 (*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)

PHYSICAL ADDRESS

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE) _____ APT # _____
 CITY _____ STATE _____ ZIP _____

Your name, mailing address and license number are public information and your mailing address only will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

MAILING ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS – P.O. Box is acceptable) _____ APT# _____
 CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____) _____ OTHER PHONE (_____) _____

E-MAIL ADDRESS: _____ Male _____ Female _____

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34.

I hereby apply to reinstate my Massage Therapy license MT _____; Date issued ____/____/____;
License #
 Date expired: ____/____/____. Reason license was not renewed: _____

Have you completed the required Continuing Education hours? () Yes () No (Verification is required for reinstatement consideration; attach copies of certificates, course outlines/agenda for the hours obtained within one (1) year of the date of this reinstatement application).

SECTION IV: MASSAGE THERAPY PRACTICE/EMPLOYMENT

Have you practiced as a Massage Therapist in Georgia, or any other state, since your license expired?
 Yes No * If yes, list below the dates of employment, name of employer or agency, and job title.

When did you last practice as a Massage Therapist: ____/____/____
Month/Day/Year

(Provide your last three places of employment; list the most recent employer first):

MT Practice (yes or no)	Place of practice: Name of Employer or Agency, city and state:	Job Title	Dates of Employment:
YES NO			
YES NO			
YES NO			

*** NOTE:** Submit the Verification of Employment form (page 7) to your most recent Employer to verify practice/employment as a paid Massage Therapist. Section II of the Verification of Employment form must be completed and signed by your employer. The form will not be accepted if completed by the applicant. The form may be submitted with your application or mailed directly to the Board by the employer, but MUST not be completed/filled out by the applicant.

****If self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.**

SECTION V: BACKGROUND INFORMATION

If you answer “yes” to any of the following questions, you are required to provide a written explanation of the action or incident. For the first question, if you answer ‘yes”, you must submit a certified copy of the official document (indictments, court orders, police records, certified warrants, court dismissals, verdicts or first offender treatment, etc) which indicate the final disposition of any reported event or incident. For next two questions, if you answered “yes”, provide a detailed letter of explanation and a copy of any Board or regulatory authority’s order or action of the Board or authority. You are expected to read each question carefully and completely. In addition, you are to notify the Board of any future events as described below. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully may constitute grounds for the denial your application, Failure to notify the Board of any future incidents may constitute grounds for disciplinary actions.

- 1) **HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI or any traffic incident resulting in an arrest warrant, arrest or jail time is not a minor traffic violation. For purposes of this question; “felony” includes any offenses which, if committed in this state, would be deemed a felony and a “conviction” includes a finding or verdict of guilty, or a plea of nolo contendere, in a criminal proceeding regardless of whether an appeal of the conviction has been sought, and, also includes any adjudication of guilt or sentence withheld or not entered pursuant to the provisions of Code Sections §§42-08-64, relating to first offenders, or any comparable rule or statute. (Note: You must respond, “yes” if you pled and completed probation as a First Offender.)** () Yes () No

- 2) **Has any other licensing Board or other regulatory Agency in Georgia or any other state:**
 - a. **Denied your license application, renewal or reinstatement?** () Yes () No
 - b. **Reprimanded, suspended, revoked, fined, restricted, placed you on probation, requested or accepted the voluntary surrender of your license?** () Yes () No

- 3) **In the past have you:**
 - a. **Failed or been refused an examination by any professional organization, Board or other regulatory entity?** () Yes () No
 - b. **Had professional liability suits filed against you?** () Yes () No
 - c. **Used drugs or other intoxicating substances to the extent that these affected your professional competence?** () Yes () No
 - d. **Been reprimanded, demoted, disciplined, terminated, or cautioned by an employer?** () Yes () No

SECTION VI: APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Massage Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 8 & 9 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 8 & 9 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Massage Therapy and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____, 20__

_____ (Notary Seal)

Notary Public Signature

My commission expires: _____

Note to Notary: Application should be signed with proper ID.

PLEASE SEPARATE THIS FORM. GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE. AND RETURN THE COMPLETED, SIGNED AND NOTARIZED FORM TO THE BOARD:

**GEORGIA BOARD OF MASSAGE THERAPY
237 COLISEUM DRIVE, MACON, GEORGIA 31217-3858**

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most recent **employer (Personnel Director, Human Resources Department)** who can provide verification of your practice as a massage therapist.
3. If you are self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.
4. Return the completed, signed and notarized form with your application materials to the Board.

Section I (to be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Massage Therapist to the Georgia Board of Massage Therapy. I understand this information is required as part of the application for licensure process.

APPLICANTS SIGNATURE

PHONE NUMBER(S)

APPLICANT – DO NOT WRITE BELOW THIS LINE:

(If Self-Employed, complete this section for your business)

Section II (to be completed by person verifying employment)

Instructions:

1. Complete Section II of this form. If self-employed, complete this section indicating your business name, address, etc....
2. Massage Therapy employment must have been for compensation.
3. **Return this form to the applicant to submit with their application for licensure.**

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Employer: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____

4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment:

(Name)

(Title)

Signature of Employer/Person completing this form _____

Sworn to and subscribed before me this
_____ day of _____, 20 _____

(Notary Seal)

(Notary Public Signature)

My commission expires: _____

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]1

_____ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired Secure Electronic Network for Travelers, Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.

Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check ONLY one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity
 to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U - Personal Copy
CRIMINAL JUSTICE	
	J - Civilian Criminal Justice Employment (State & III Info Received)
	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 1634.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency 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 state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

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 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.