



STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

KBI/FBI Criminal
Background Check Form
Form S-100

You MUST take this sheet with you when you are fingerprinted.

Waiver Agreement & FBI Privacy Act Statement—Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize the Kansas Board of Pharmacy (Authorized Recipient) to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law (Pub. L.) 103-209 and Pub. L. 105-251. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, K.S.A 75-712i, and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed. I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b). I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b);34 U.S.C. 40316, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d); and 2022Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495). I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for being an employee, volunteer or contractor, or eligibility for any license, certification, registration, or adoption. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, a volunteer contractor, licensed, certified, registered, or seeking adoption, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

I have \_\_\_ OR have not \_\_\_ been convicted of a crime. If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

APPLICANT RELEASE

Under penalty of perjury, I hereby declare that I am the person described below and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903. I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.

SIGNATURE

DATE SIGNED

Form with fields: Printed Name, Date of Birth, Residential Address, City, State, Zip

TO BE COMPLETED BY THE FINGERPRINTING AGENCY

Form with fields: Method of Verifying Identity, State/Branch, ID Number, Agency Name, Address, City, State, Zip, County, Phone, Fax, Name of Individual Verifying Identity



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**AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain. 2. Must provide a copy to the applicant.**

### FBI PRIVACY ACT STATEMENT

**Authority:**

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely 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 U.S.C. 552a), the Authorized Recipient 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 requires federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**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 system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

### RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness at no cost.

**To Challenge Your Kansas Criminal History Record Information (CHRI)**

You may also obtain a copy of your Kansas CHRI to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes".

**To Challenge Your National Criminal History Record Information (CHRI)**

To obtain a copy of your national CHRI, also known as the Identity History Summary, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34).

Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

DO NOT SEND THIS FORM TO THE FBI

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**HOW TO FILL OUT THE FBI FINGERPRINT CARD**

Using a BLACK INK pen, pre-fill the blocks below on the fingerprint card before arriving at the law enforcement agency (LEA). DO NOT SIGN in the block 'SIGNATURE OF PERSON FINGERPRINTED.' Place the fingerprint card, waiver, application, and payment in a pre-addressed stamped envelope to the Kansas State Board of Pharmacy, 800 SW Jackson, Ste 1414, Topeka KS 66612-1244.

Go to your local LEA or the Kansas Bureau of Investigation. Be sure to bring your driver's license for identification. Give the envelope with your fingerprint card, waiver, application, and payment to the LEA. The LEA will complete your fingerprints and complete the waiver. Sign the fingerprint card in front of the law enforcement officer. The LEA should place the completed fingerprint card, waiver, application, and payment in the postage paid pre-addressed envelope you provided and mail the information directly to the Board of Pharmacy.

**DO NOT BEND, CREASE, OR FOLD THE FBI FINGERPRINT CARD.**

A delay in the processing of your FBI criminal background is commonly caused by incomplete fingerprint cards and poor quality of fingerprints.

**DO NOT CONTACT THE KBI OR THE FBI** about the status of your criminal background check. These agencies notify the Kansas State Board of Pharmacy when the check is complete. Allow 2-3 weeks for the FBI background check to be complete.

Complete the following blocks on the FBI Fingerprint card:

**Last name, first name, middle name**

**Signature of person fingerprinted:** DO NOT SIGN UNTIL FINGERPRINTED

**Aliases:** other names you have used, i.e. nicknames, maiden names, etc.

**ORI:** this field MUST read: KS920152Z KS BD OF PHARMACY TOPEKA, KS

**Date of Birth:** Month/Day/Year

**Residence of person fingerprinted:** Street address or PO Box, City, State, Zip

**Citizenship:** i.e. United States, Mexico, Canada, England, etc.

**Sex:** M=Male, F=Female

**Race:** W=White, H=Hispanic, B=Black, I=American Indian or Alaskan Native, A=Asian or Pacific Islander, U=Unknown

**Height (HGT):** Height in feet and inches, i.e. 5'11" is "511" or 6'1" is "61"

**Weight (WHT):** Weight in pounds, i.e. 160 lbs. is "160"

**Eyes:** Color, BLU=Blue, BRO=BROWN, GRE=Green, GRY=Gray, HAZ=Hazel, XXX=Unknown

**Hair:** Color, BAL=Bald, BLK=Black, BLN=Blond (or Strawberry), BRO=Brown, GRY=Gray (or partially Gray), RED=Red (or Auburn), SDY=Sandy

WHI=White, XXX=Unknown

**Place of Birth:** U.S. State or Foreign Country

**Employer and Address:** None if you are unemployed

**Reason Fingerprinted:** This field MUST read Kansas Board of Pharmacy KSA 65-1696

**Social Security Number.** If you do not have a Social Security Number, enter the appropriate MNU prefix code available at [www.fbi.gov](http://www.fbi.gov).

Leave all other spaces blank: OCA, FBI, MNU