

ATN and SID# FOR OFFICIAL USE ONLY

ATN \_\_\_\_\_

SID# \_\_\_\_\_

**APPLICANT PROCESSING – DISCLOSURE**  
**BUREAU OF CRIMINAL IDENTIFICATION AND**  
**INFORMATION**  
 P.O. BOX 66614 (MAIL SLIP A-6)  
 BATON ROUGE, LA 70896

Louisiana Behavior Analyst Board  
 AGENCY, BUSINESS OR INDIVIDUAL NAME

4334 S. Sherwood Forest Blvd. #C-150  
 MAILING ADDRESS

Baton Rouge      LA      70816  
 CITY                      STATE                      ZIP CODE

**NOTICE:**  
**PLEASE PRINT OR TYPE**  
**INFORMATION, EXCLUDING**  
**ADMINISTRATORS OR AUTHORIZED**  
**PERSONS SIGNATURE.**

**INCOMPLETE FORMS WILL NOT BE**  
**PROCESSED.**

NAME OF APPLICANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH  
(STATE) \_\_\_\_\_

RACE / SEX \_\_\_\_\_

WEIGHT \_\_\_\_\_

HEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

EYE COLOR \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE**  
**AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

## CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*
\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\*

\*\*\*\*PLEASE PRINT\*\*\*\*

Louisiana Behavior Analyst Board Rhonda Boe / Exec. Dir.
AGENCY, FACILITY OR INDIVIDUAL AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

4334 S. Sherwood Forest Blvd. #C-150 Rhonda Boe
MAILING ADDRESS SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge LA 70816 (225) 295-8413
CITY STATE ZIP CODE AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER
badmin@la.gov
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WILDLIFE AND FISHERIES
WORKING WITH CHILDREN

APPLICANTS FULL NAME:
\*\*\*\*PRINT - USE INK\*\*\*\* LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # DATE OF BIRTH: / /

ID or DRIVERS LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.



# LOUISIANA BEHAVIOR ANALYST BOARD

4334 South Sherwood Forest Blvd.  
 Suite C-150  
 Baton Rouge, LA 70816

Voice: 225-295-8413  
 Email: baadmin@la.gov  
 Website: lababoard.org

Date: \_\_\_\_\_

This will confirm receipt of an application for a **Line Technician**, which requires a State and Federal Criminal Background Check (CBC). Enclosed are the instructions and materials, which must be completed by the applicant and returned to the Board for processing.

**THE CBC MUST BE INITIATED WITHIN 14 DAYS OF THE DATE ON THIS DOCUMENT.**

The processing of your CBC package could take 8-12 weeks or longer. Missing information or unacceptable fingerprints could result in additional, lengthy delays. Therefore, it is important that you complete the package carefully according to the instructions. The results of your criminal background check must be received before [licensure/certification/registration].

Processing of this package may be expedited by hand-delivering your package to Louisiana State Police (LSP) headquarters in Baton Rouge, LA. LSP Please call LSP for payment amounts and types of payment accepted. Automated Processing of packages are accepted Monday through Friday 8:00 am to 3:30pm, excluding state holidays.

If you choose to have your package accepted at LSP through Automated Processing, the information at the bottom of this sheet must be completed by the applicant, stamped by the LSP Criminal Records Unit before leaving and returned to the Board in the envelope provided.

If you are unable to travel to Baton Rouge for automated processing, complete the package as directed and return all items to the Board in the envelope provided.

|                              |  |
|------------------------------|--|
| Name:                        |  |
| Address:                     |  |
| SSN:                         |  |
| Application Type: CIRCLE ONE | LINE TECH./ASST. BEH. ANALYST/BEH. ANALYST |
| Date of Birth:               |  |
| Race:                        |  |
| Sex:                         |  |
| Height:                      |  |
| Weight:                      |  |
| Driver's License#            |  |

**MUST BE STAMPED BY Louisiana State Police**