

CAMTC LIVE SCAN FINGERPRINTING INSTRUCTIONS

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I. GENERAL LIVE SCAN FINGERPRINT INFORMATION

All applicants for CAMTC Certification in the profession of Massage Therapy are required to submit fingerprint information to the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) via the Live Scan process.

Previously processed fingerprint cards or photocopies of fingerprint impressions are not acceptable. Applicants who have been fingerprinted via Live Scan by other agencies or for other purposes must be Live Scan fingerprinted again in order to supply the agency specific information required by the CAMTC.

Fingerprint Fees

The DOJ and FBI fingerprint processing fees are established by the DOJ and FBI respectively, and are subject to change by those agencies without notice. A processing fee is also charged by the Live Scan Vendor. A typical total for fingerprint processing fees related to CAMTC Certification will range between \$70 to \$90, and may be broken down as follows:

DOJ FINGERPRINT PROCESSING FEE \$32.00

FBI FINGERPRINT PROCESSING FEE \$19.00

LIVE SCAN VENDOR FEE \$19 - \$39

The fingerprint processing fees must be in the form of cash, credit card, check or money order, and must be paid at the Applicant Live Scan Vendor site at the time that you obtain your live scan fingerprints.

II. THE LIVE SCAN FINGERPRINT PROCESS

All applicants for CAMTC Certification must complete and submit a Massage Therapist or Massage Practitioner "Request for Live Scan Service" form included below. Please follow these steps:

1. Please PRINT this entire file, including instructions. Do not use double-sided printing. After printing this file, you should have a total of six (6) separate pages.
2. Look at the last two (2) pages of the six (6) pages you have just printed, and select the one-page "Live Scan Request" form that corresponds to the application you submitted to the CAMTC: **Massage Practitioner or Massage Therapist**. You don't need to complete both forms; just pick the single form that applies to you, and throw the other form away (please recycle).
3. Please complete only the "Applicant Information" section of the Live Scan Request form that you have chosen. The rest of the form will be completed by your Live Scan Operator.

4. Make two (2) photocopies of your form **after** you have completed the “Applicant Information” section of your Live Scan Request form.
5. Choose a local Live Scan Vendor from the DOJ list at:
<http://ag.ca.gov/fingerprints/publications/contact.php>
6. Take your completed original Live Scan Request form **and** your two copies with you to the Live Scan Vendor of your choice.
7. Make sure to bring your Driver’s License and/or other form of photo identification with you (passport, military ID, etc.).
8. Provide the Live Scan Fee to the Live Scan Operator (expect to pay between \$70 to \$90).
9. Once your fingerprints have been scanned, the Live Scan operator will complete the last section of your Live Scan Request form and will keep the original form. The Live Scan operator will also complete the last section of the copies of your form, and should return the completed second and third copies to you. (The Live Scan Operator may just complete the last section of your original form, and then make two photocopies for you, which is also fine. Otherwise, **make sure** the Live Scan Operator completes the last section of **all three** forms: your original, and your two copies).
10. Submit the third copy of the Live Scan Request form to the CAMTC **after** it has been completed in full by the Live Scan Operator. **THE THIRD COPY OF THE LIVE SCAN REQUEST FORM MUST BE SUBMITTED TO THE CAMTC IN ORDER TO PROVIDE BACKUP INFORMATION IN CASE THERE IS A PROBLEM WITH THE SUBMISSION OF YOUR FINGERPRINT INFORMATION TO THE DOJ.** The original form will be retained by your Live Scan Vendor.
11. Retain the second copy of the form for your records.

Where to Go for Live Scan Fingerprinting

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan Vendor sites is available from a link on the CAMTC website, or from the DOJ website by going to:

<http://ag.ca.gov/fingerprints/publications/contact.php>

IMPORTANT NOTE: PLEASE CALL YOUR CHOSEN LIVE SCAN VENDOR SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.

You will be required to present valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

Once your fingerprints have been scanned, the Live Scan operator will complete the last section of the Live Scan Request form and return the second and third copies to you.

Filling Out the Live Scan Request Form

Your CAMTC Live Scan Request form has been pre-filled with the CAMTC identifying information required by the DOJ. The only section you need to fill out is the “Applicant Information” section of the form. Please make sure you fill in the “Applicant Information” section completely. Note that your social security number is required.

When you have finished filling out the “Applicant Information” section, make two (2) copies of your form, and bring both copies with you to your Live Scan Vendor. You should have your original form, along with two (2) copies to present to your Live Scan Vendor.

Please take care to note the following as you fill out the “Applicant Information” section of your Live Scan Request form:

- Your name on the Live Scan Request form must be identical to the name you provided on your application to the CAMTC.
- To facilitate prompt and accurate processing, please **PRINT LEGIBLY** as you fill in the “Applicant Information” section of the Live Scan Request form.

Applicant Information Section Detail

1. **Last Name, Middle Name, and First Name:** Indicate your complete name, identical to that submitted on your CAMTC Application for Certification.
2. **Other Name (AKA or Alias):** Indicate all other names you have used (i.e., maiden name, previous married names, and/or alias names).
3. **Date of Birth:** Indicate your month/day/year of birth.
4. **Sex:** Place an "X" in the appropriate box (i.e., Male or Female).
5. **Height:** Indicate your height in feet and inches using a three-digit code (first digit = feet, second and third digits = inches). **EXAMPLE: 5 feet 9 inches = 509**
6. **Weight:** Indicate your weight in pounds
7. **Eye Color:** Indicate your eye color using one of the following abbreviations:

BLK – Black	BLU – Blue	BRO – Brown
GRY – Gray	GRN – Green	HAZ – Hazel
MAR - Maroon	PNK - Pink	MUL - Multicolor
8. **Hair Color:** Indicate your hair color using one of the following abbreviations:

BAL – Bald	BLK – Black	BLN – Blonde
BRO – Brown	GRY – Gray	RED - Red
SDY - Sandy	WHI - White	
9. **Place of Birth:** Indicate your country and state (or province) of birth.
10. **Social Security Number:** Enter your social security number.
11. **Driver’s License Number:** Enter your Driver's license number.

12. **Home Address:** Enter your home address information.

PLEASE REMEMBER: THE THIRD COPY OF THE LIVE SCAN REQUEST FORM MUST BE SUBMITTED TO THE CAMTC IN ORDER TO PROVIDE BACKUP INFORMATION IN CASE THERE IS A PROBLEM WITH THE SUBMISSION OF YOUR FINGERPRINT INFORMATION TO THE DOJ. The fastest way to get this form to the CAMTC is to fax the completed third copy of your form to: **916-444-7462**.

You can also mail the third copy of your Live Scan Request form to:

CALIFORNIA MASSAGE THERAPY COUNCIL

One Capitol Mall, Suite 320, Sacramento, CA 95814

How Long Will It Take?

The DOJ is able to process up to 95% of Live Scan Applicant fingerprint submissions in seventy-two (72) hours or less. Information from the FBI can take considerably longer to process. Sometimes your fingerprint scan may be problematic for technical reasons, and may not be accepted by the DOJ or FBI. In such cases, your fingerprints may need to be re-scanned and re-submitted.

Please note that the CAMTC expressly cannot guarantee that you will receive your CAMTC Certification on a specific date or within a specific time period, due to elements of the certification process that are beyond the control of the CAMTC. Such elements include, but are not limited to receipt of official school transcripts, receipt of supplementary information (if applicable), and receipt of fingerprint results from the DOJ and FBI.

If you currently have a California City or County permit, registration, or license for massage therapy that has expired, or is due to expire soon, the CAMTC cannot be held responsible for your voluntary decision to pursue CAMTC Certification in lieu of renewing your City or County permit, registration, or license to practice massage therapy. Because the CAMTC Certification process is new, it is reasonable to expect some delays in the certification process. If you are dependent upon your massage therapy permit, registration, or license for your livelihood, and you have concern over the timing of your CAMTC Certification, we recommend that you renew your existing City or County permit, registration, or license to practice massage therapy, so that you are not inconvenienced while waiting for your CAMTC Certification.

Please know that the CAMTC is doing its very best to create an efficient and effective application and certification process for massage professionals in California, and your feedback and support is greatly appreciated.

Thank You!



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AD079
ORI (Code assigned by DOJ)

Massage Practnr/Therapist
Authorized Applicant Type

MESSAGE THERAPIST
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

California Massage Therapy Council
Agency Authorized to Receive Criminal Record Information

14167
Mail Code (five-digit code assigned by DOJ)

One Capitol Mall, Suite 320
Street Address or P.O. Box

N/A
Contact Name (mandatory for all school submissions)

Sacramento CA 95814
City State ZIP Code

(916) 669-5336
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number Applicant Must Pay Fee Directly to Live Scan Vendor
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number N/A
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

LEAVE THIS SECTION BLANK
Employer Name

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Street Address or P.O. Box

N/A
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AD079
ORI (Code assigned by DOJ)

Massage Practnr/Therapist
Authorized Applicant Type

MESSAGE PRACTITIONER
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

California Massage Therapy Council
Agency Authorized to Receive Criminal Record Information

14167
Mail Code (five-digit code assigned by DOJ)

One Capitol Mall, Suite 320
Street Address or P.O. Box

N/A
Contact Name (mandatory for all school submissions)

Sacramento CA 95814
City State ZIP Code

(916) 669-5336
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number Applicant Must Pay Fee Directly to Live Scan Vendor
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number N/A
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

LEAVE THIS SECTION BLANK
Employer Name

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Street Address or P.O. Box

N/A
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed