



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER
NASHVILLE, TENNESSEE 37243**

FINGERPRINTING POLICY AND ACKNOWLEDGEMENT

Because you, as an applicant, (for licensure, employment, or certification) are subject to a fingerprint-based criminal history record check as a condition for licensure, employment, or certification, the Department is required to provide you with a copy of our Fingerprint Policy and Privacy Rights Statement. These attached documents outline the Department's use of your fingerprints and procedures for challenging the accuracy of the results of the criminal history record as they relate to your eligibility for licensure, registration, and/or certification. Please initial the following statements and sign your name below. Please email or fax this document to (insert addresses).

I understand that the results of a fingerprint-based criminal history record check shall be used solely for the purpose of determining licensure, registration, and/or certification and will not be disseminated outside the Department of Commerce and Insurance other than to the applicant upon request.

I understand that I may request a copy of the criminal history record for the purpose of being considered for licensure, registration, and/or certification. I understand that I may appeal the accuracy of these results and have received a copy of the Fingerprint-Based Criminal History Record Check Policy which advises me of the appeal process.

I hereby acknowledge that I have read and understand the Fingerprint-Based Criminal History Record Check Policy and Privacy Rights Statement.

Applicant's name (printed) _____

Applicant's Signature _____

Date _____