

**Disclaimer/ Release  
Mandated Fingerprint-based Background Checks  
For  
Initial Licensure or Licensure by Endorsement**

**BACKGROUND:**

In 2017, Maine passed a law to allow it to become a member of the enhanced Nurse Licensure Compact (eNLC). The law requires that the Board request a background check for each person who submits an application for initial licensure or licensure by endorsement under Title 32, Chapter 31, including an application for multistate licensure under the eNLC. 32 M.R.S. § 2111(1). The background check must include criminal history record information obtained from the Maine Criminal Justice Information System and the Federal Bureau of Investigation.

The background checks will include criminal history information on file with the Maine Criminal Justice Information System and the Federal Bureau of Investigation. Information obtained pursuant to Section 2111 is confidential. The Maine State Board of Nursing will use the state and federal criminal history record information for the purpose of screening applicants for initial licensure or licensure by endorsement. The results of background checks received by the Board are for official use only and may not be disseminated to the Interstate Commission of Nurse Licensure Compact Administrators established in 32 M.R.S. § 2177 or to any other person or entity.

An individual has the right to access or review his or her State of Maine and federal record response, as provided in Maine law at Title 16, Section 709 of the Maine Revised Statutes, and in federal law in the Code of Federal Regulations, Title 28, Sections 16.32 and 16.33. These laws are available on the Internet or by calling the Maine State Bureau of Identification or the Maine State Law and Legislative Reference Library. For more information on challenging the results of the information contained in the report, you may also contact the State Bureau of Identification at (207) 624-7240.

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I understand that any criminal record information obtained through the fingerprint-based background investigation process will be used consistently with the guidelines outlined above, and that I have the right to review and appeal the record response if I disagree with the information or claim that the record does not belong to me at all. I agree to have my fingerprints taken by a qualified agent and to participate in the fingerprint-based criminal background investigation.

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

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_