

FBI and BCI Background Check via Electronic Fingerprinting

Local locations for fingerprinting:

<https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>

You will need to provide:

A photo ID and -

Name:

Date of birth:

SSN:

Address:

State:

Zip code:

Phone number:

Email address:

Sex:

Race:

Height:

Weight:

Hair color:

Eye color:

Reason for background check:

Respiratory clinical rotations, respiratory licensure, and employment. **Code: 4761 051**

Address for results to be mailed to (absolutely necessary):

WSCC

Attn: Adrienne Hellinger

710 Colegate Drive

Marietta, OH 45750

Direct Copy Options (also absolutely necessary):

Ohio Medical Board – Respiratory Care Professional