



**TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS  
GENERAL USE  
CRIMINAL HISTORY QUERY & REPORT FORM**

Under applicable authority pursuant to the Board’s Laws (to include the Texas Occupations Code and Texas Government Code), Rules & Policies, the information requested is being collected for the purpose of querying & reporting Criminal Histories to the Board to ensure the security of the TSBPME’s information technology, confidential agency files, agency integrity and/or public safety. Evidence of a criminal history, conviction or other relevant information shall not automatically disqualify an individual from employment or licensure with the Board. Each criminal history match report will be reviewed on an individual case basis for consideration of an application for employment, licensure or other services/purposes to/for the Board.

Criminal history matches may subject staff, contractors, applicants for employment/licensure and/or licensees to further investigation/background review. **DUE PROCESS:** All persons have a right to obtain a copy of their own criminal history report and to challenge its accuracy, completeness and to request corrections. If an individual believes criminal history record information maintained by the Texas Department of Public Safety (DPS) relating to the person is incorrect or incomplete, the person may contact the Error Resolution Unit at P.O. Box 4143, Austin, Texas 78765-4143 or [ErrorResolution@txdps.state.tx.us](mailto:ErrorResolution@txdps.state.tx.us). A person with criminal history record information on file with the Federal Bureau of Investigation (FBI) must contact the Special Correspondence Bureau of the FBI at 304-625-3878 to review or correct those records. [DPS Rule; Texas Administrative Code Title 37, Part 1, §27.1 “Right to Review.”]

All grievances/contests of matters related to Criminal Histories may be addressed to the Board’s Executive Director & Board President in accordance with applicable TSBPME Laws (to include the Texas Occupations Code and Texas Government Code), Rules & Policies.

**For Internal Agency Use:**

**Purpose:** \_\_\_\_\_

**CCH Type:** FBI Fingerprint; DPS Fingerprint; DPS Name: Secured Database / Public Database; Third Party Vendor (specify) \_\_\_\_\_; Other (specify) \_\_\_\_\_

<b>Full Name (List Maiden / Alias also) (Last, First, Middle)</b>	<b>Date of Birth (Day/Month/Year)</b>	<b>Social Security Number (NNN-NN-NNNN)</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Street Address (No P.O.B.)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
		<b>Phone</b> (Home; Cellular)  (Work)	

Have you ever been arrested, convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any city, state, the United States, or a foreign country (except violations of traffic laws resulting in fines of \$500.00 or less)?

**YES**  **NO** If “Yes,” give details below or attach a separate sheet of paper if necessary (you may include supporting documentation; e.g. arrest/police reports; court adjudication documents; attorney responses; etc.)

VIOLATION AND LOCATION	DATE	PENALTY OR DISPOSITION
1.		
2.		
3.		
4.		
5.		

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination; for licensees or applicants for a license, grounds for denial, suspension, cancellation or revocation of license or other penalties. Upon submission of misstatements, false statements or omitted/incomplete information, I hereby authorize and grant the Texas State Board of Podiatric Medical Examiners the withdrawal of all rights and privileges accrued to me thereunder.
2. I understand that the Texas State Board of Podiatric Medical Examiners will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes. I further request that the Texas State Board of Podiatric Medical Examiners initiate a review of the records to determine my eligibility for the purpose(s) stated within this form.
3. I understand I may be required to submit payment for necessary fees to billed upon invoice.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).
6. I am the person named in this form.

**THIS FORM MUST BE SIGNED AND DATED:**

**SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_