



## MEDICAL MARIJUANA TREATMENT CENTER (MMTC) Background Screening Acknowledgment and Information

I authorize the Department of Health, Office of Medical Marijuana Use (OMMU), to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me for purposes of becoming an employee, owner, or manager of an MMTC.

I understand and agree to the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- If the policies below permit, I may obtain a copy of my FBI criminal history record for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature	Printed Name	Date
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Personal Information			
Legal Name		Email Address	
Social Security Number		Date of Birth	
Address			
Street	City	State	ZIP Code
Reason for Fingerprinting	<b><u>Background Screening (§ 381.986(8) &amp; (9), Florida Statutes)</u></b>		
MMTC Information			
MMTC Name			
Employment Location Address			
Street	City	State	ZIP Code

## **OMMU'S NOTICE OF COLLECTION AND USE OF SOCIAL SECURITY NUMBERS (SSN/SSAN)**

Section 119.071(5), Florida Statutes, governs the OMMU's collection and use of SSNs. This notice is provided pursuant to section 119.071(5)(a)2., Florida Statutes. The OMMU's collection of SSNs is imperative for the performance of the OMMU's duties and responsibilities as prescribed by law. The collection of SSNs of medical marijuana treatment center (MMTC) users of the medical marijuana use registry (Registry) is necessary to ensure compliance with section 381.986(8) and (9), Florida Statutes, which requires the OMMU to determine that employees, officers, and managers have passed a background screening mandated by sections 381.986(8) and (9), Florida Statutes.

### **FDLE REQUIRES THAT THE DEPARTMENT PROVIDE THE FOLLOWING NOTICE.**

#### **FDLE's Notice**

NOTICE FOR PERSONS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

#### **NOTICE OF:**

- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD.**

This notice is to inform you when you submit a set of fingerprints to the FDLE for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the FBI, and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to a reasonable time to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

#### **Acknowledgment**

I acknowledge that I have been provided with and read the information listed above.

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Signature

Printed Name

Date

**THE FBI REQUIRES THAT THE DEPARTMENT PROVIDE THE PRIVACY ACT STATEMENT**

**AVAILABLE AT:**

<https://knowthefactsmmj.com/compact-council-privacy-act-statement/>.

DRAFT

**Acknowledgment**

I acknowledge that I have been provided with and read the information linked above.

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Signature

Printed Name

Date

## **THE FBI REQUIRES THAT THE DEPARTMENT PROVIDE THE FOLLOWING NOTICE.**

### **NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

### **Acknowledgment**

I acknowledge that I have been provided with and read the information listed above.

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Signature

Printed Name

Date

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).