

Wyoming Board of Midwifery

2001 Capitol Ave, Room 127

Cheyenne, WY 82002

<http://midwifery.wyo.gov>

Fingerprint Instructions

In accordance with Wyoming Statutes, this Board is required to perform criminal background checks in accordance with W.S. 7-19-106(a)(xxxiii); 7-19-201(a)(xxix).

FAILURE TO FOLLOW THE INSTRUCTIONS BELOW WILL DELAY PROCESSING

You must complete and submit TWO (2) of the FD-258 fingerprint cards. Both hands on each card. You can obtain the cards by contacting the Board office or your local law enforcement agency.

- Use BLACK INK or SCAN and PRINT onto the FD-258 fingerprint cards.
- Only a law enforcement officer or other authorized person may perform the fingerprint procedure;
- ALL of the yellow highlighted areas in the attached example must be completed by the APPLICANT;
- The official taking the fingerprints must sign the cards;
- Fingerprints must be fully rolled with no smudges. Not fully rolled or smudged prints will be rejected and the applicant will be required to submit new cards;
- DO NOT FOLD the cards;
- The cards must have been completed within the last six (6) months;
- Include the cards with your application packet and mail to:

Wyoming Board of Midwifery
2001 Capitol Avenue; Room 127
Cheyenne, WY 82002

Please contact Beth Kimbrough at elizabeth.kimbrough@wyo.gov or 307-777-3628 with any questions.

<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> APPLICANT <small>* Non-Federal Agent Subject or Black</small> </div> <div> LEAVE BLANK </div> </div>		TYPE OR PRINT ALL INFORMATION IN BLACK <div style="display: flex; justify-content: space-between;"> LAST NAME NAM FIRST NAME MIDDLE INITIAL </div>		FBI	LEAVE BLANK
FD-258 (Rev. 5-15-17) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		<div style="display: flex; justify-content: space-between;"> <div> ALIASES / AKA RESIDENCE OF PERSON FINGERPRINTED DATE OF BIRTH <small>Month Day Year</small> </div> <div> DOB PLACE OF BIRTH POB </div> </div>	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS			
EMPLOYER AND ADDRESS		REASON FINGERPRINTED			
<div style="display: flex; justify-content: space-between;"> <div> IDENTITY CTZ YOUR NO OCA </div> <div> SEX RACE HEIGHT WEIGHT EYES HAIR </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> UNIVERSAL CONTROL NO UCN ARMED FORCES NO MNU SOCIAL SECURITY NO SOC MILITARY AND NAVY NO MNU </div> <div> CLASS REF </div> </div>			
1 R THUMB		2 R INDEX		3 R MIDDLE	
4 R RING		5 R LITTLE		6 L THUMB	
7 L INDEX		8 L MIDDLE		9 L RING	
10 L LITTLE		<div style="display: flex; justify-content: space-between;"> <div> LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY 1 L THUMB </div> <div> RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY 1 R THUMB </div> </div>			