



BACKGROUND INVESTIGATION CHECK (BIC) FORM

Section I—Applicant’s Full Legal Name (Required/Please Print)	Date of Birth (Required)	EDUID (Optional)
Applicant’s Street Address (Required)	Applicant City, State, and Zip	

Section II—Recent BIC/Fingerprinting <i>Indicate below if you have had a prior BIC completed through the SDE within the last six months.</i>	
<input type="checkbox"/> YES , I <u>have</u> completed a prior BIC through the SDE (other than this one) within the last six (6) months. Approximate Date of BIC (MM/YY): _____ BIC Completed For: <input type="checkbox"/> Certification <input type="checkbox"/> Employment Complete the rest of this form and submit to: bicforms@sde.idaho.gov . No other forms or fees are needed.	<input type="checkbox"/> NO , I <u>have not</u> completed a prior BIC through the SDE within the last six (6) months. Submit a completed fingerprint packet: <input type="checkbox"/> Fingerprint Card <input type="checkbox"/> Instructions for Handling Fingerprint Cards Form <input type="checkbox"/> BIC Form (<i>this form</i>) <input type="checkbox"/> Background Investigation Check Fee

Section III—Reason for BIC/Fingerprinting <i>Select all that are applicable.</i>
<input type="checkbox"/> Idaho Educator Certification - If not employed yet, Section IV is not required. <input type="checkbox"/> Student Teaching at an Idaho University/College (Section IV must be signed by Idaho College/University): <input type="checkbox"/> Boise State University <input type="checkbox"/> Brigham Young University-Idaho <input type="checkbox"/> College of Idaho <input type="checkbox"/> Idaho State University- <input type="checkbox"/> Lewis-Clark State College <input type="checkbox"/> Northwest Nazarene University <input type="checkbox"/> University of Idaho For each of the reasons selected below, a corresponding District/Charter signature must be present in Section IV. <input type="checkbox"/> Employment with a District or Charter <input type="checkbox"/> Substitute Teacher (<i>Only the District or Charter placing the individual on the substitute teacher list must sign below</i>) <input type="checkbox"/> Statewide Contractor List (<i>Only the District or Charter placing the individual on the contractor list must sign below</i>) <input type="checkbox"/> Contractor within a single district (Please specify: _____) <input type="checkbox"/> Volunteer with a District or Charter - <i>If you will be volunteering with a District or Charter, please complete Section IV below.</i> <i>Please note that should a volunteer become employed by a District or Charter, a new BIC will be required for the reason of employment, regardless of when the volunteer BIC was completed.</i> <input type="checkbox"/> Removal from Substitute Teacher List <input type="checkbox"/> Removal from Statewide Contractor List

Section IV—Employment Verification <i>List ALL Districts/Charters you will be employed by or volunteering for at the time of form completion. Each District/Charter must sign and date in the appropriate spaces below. Failure to have all Districts/Charters listed below will result in the removal of all previous Districts/Charters.</i>				
Note: For substitute teachers, only the District or Charter placing the individual on the substitute teacher list must sign below.				
District/Charter/ Contractor		Printed Name Designee	Signature of Designee	Date
Name	Number			

Applicant Signature: _____ **Date:** _____