

**WHAT YOU NEED TO KNOW
BEFORE YOUR FINGERPRINT APPOINTMENT**

- Board staff will make reasonable attempts to schedule your appointment at a date and time convenient for you. If you need to reschedule, please contact the office as soon as possible at 888-590-6726. If you are late for your appointment, we may be unable to accommodate you without rescheduling.
- Complete the Customer Fingerprint Form (found under Forms on our website www.nursingboard.state.nv.us) and bring it with you to your appointment. **ALL FIELDS ARE MANDATORY.** If you do not have access to a computer you will need to complete the form in the office.
- Bring your fingerprint cards with you.
- The fee of **\$51.25** must be paid at the time of fingerprinting. You may pay by credit or debit card (MasterCard, Discover, Visa), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing. (U.S. Funds only.)
- You must bring to your appointment valid official photo identification such as a driver's license, state/government identification card (from any state), or a passport.
- No one is allowed to accompany you into the fingerprint room. Please do not bring children who require supervision with you.
- Make sure your hands are clean and free from grease, oils, or paints.
- Only service animals are allowed in the Board office.
- Cell phones, electronic scanning devices, or electronic cameras may not be used in the fingerprint area.
- Please do not bring food or drinks into the office.

Customer Fingerprint Form

All fields are mandatory

Last Name:

First Name:

Full Middle Name:

Suffix:

Date of Birth (yyyy-mm-dd):

Eye Color:

Hair Color:

Weight (lbs):

Height (ft/in):

Sex: M F

Social Security #:

Place of Birth (State/Country):

Race: Black (Person having origins of any black racial groups of Africa)

Asian (Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian)

Indian (American Indian, Eskimo, or Alaskan Native)

Unknown (Of indeterminable race)

White (Caucasian, Mexican, Puerto Rican, Cuban, Central or South American)

Driver's License #:

State Issued:

Other Official Photo ID*:

*If you do not have a valid driver's license, enter the number of a valid photo state/federal ID or passport.

Street Address:

City:

State:

Zip Code:

Staff Use Only

Form Complete:

Valid Photo ID:

Fees Paid: