

# Nevada State Board of **NURSING**

## Instructions for Completion and Submission of Fingerprint Card

**If you download an application from the Board’s website, a fingerprint card will be mailed to you upon receipt of your application in the Board office. If you request an application by mail, a fingerprint card will be included in that packet. You may choose to submit the fingerprint card at the same time as your application but it isn’t necessary to do so.**

1. All applicants must complete a fingerprint card (Form FD-258) provided by the Nevada State Board of Nursing (the Board);  
**OR**  
If you fingerprint in Nevada, you may choose to have your fingerprints submitted via electronic transmission (livescan) instead of submitting a card. *Electronic transmission is only available if you have your fingerprints captured in Nevada.*
2. Complete the information block on the card, and make sure it is legible: **last, first, and middle names; signature; residence** (complete address); **citizenship; date of birth; place of birth; sex; race; height; weight; eyes; hair;** and **Social Security number** (if you have one). Cards without these information blocks completed are considered “incomplete” and will be returned to the applicant. Illegible cards cannot be processed.
3. Fingerprinting on the Board’s coded card may be done by a law enforcement agency in any state or by a private fingerprinting service. (The Board’s website [www.nevadanursingboard.org](http://www.nevadanursingboard.org) has a list of Nevada fingerprinting locations that offer electronic submission as well as fingerprinting on cards.) The Board provides fingerprint capture **by appointment** in its offices.
4. Complete and detach the form on the reverse side, and send the fee and completed fingerprint card to the address below. If you have your fingerprints submitted by electronic submission, you will make payment to the agency that captures your fingerprints, but you must send a copy of your receipt to the Board.
5. **Be sure:**
  - You have your fingerprints captured at an in-state (NV) livescan location (recommended); **OR**
  - A fingerprint card is completed and the card is not folded, torn or damaged in any way.
  - The Information block is complete and legible
  - The card is signed by the appropriate persons (applicant and official)
  - The coded card (Form FD-258) provided by the Board is used exclusively

12-10-12

**Please note: If you have previously been fingerprinted for your place of employment or another board of nursing, we are unable to use those results. Federal law prohibits the sharing of fingerprint information. You will need to be fingerprinted specifically for the Nevada State Board of Nursing.**

**WARNING:** Due to various factors, it may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI. A permanent license/certificate will not be issued prior to receipt of both fingerprint reports. A temporary license cannot be extended beyond the 6-month expiration date. You are urged to fingerprint early in the application process.

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## Fingerprint Submission Form

**Mail to:** Nevada State Board of Nursing, 5011 Meadowood Mall Way #300, Reno, NV 89502-6547 (888-590-6726)

**If you completed a fingerprint card:** Complete and attach this form and a payment of \$51.25 to your completed fingerprint card (Form FD-258). You may pay by credit or debit card (MasterCard, Visa, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing (NSBN), U.S. Funds only.

**If you submitted fingerprints via electronic transmission:** Complete this form and attach a copy of your receipt showing payment for transmission.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Application Type:**  RN  LPN  CNA  MA-C

**Licensed by:**  Endorsement  Exam  Renewal

APN  CRNA  EMS/RN

**Licensed by:**  Other  Renewal

**If paying by credit or debit card, please complete:**

Visa\_\_\_\_ MasterCard\_\_\_\_ Discover\_\_\_\_ AMEX\_\_\_\_ Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ Amount \$51.25 Signature \_\_\_\_\_

## Instructions for Application for Certified Nursing Assistant

### Certification By Endorsement

*You must submit items 1-7:*

1. A completed and signed application form, including the application and fingerprinting fees (money order, cashier's or personal check, or MasterCard™, Visa™, Discover™, or American Express™ debit or credit card) made payable to Nevada State Board of Nursing. *Fees are not refundable.*
2. Copy of your active certificate/license in another state; it must show an expiration date. If your active certificate does not show an expiration date, the Board will obtain this information from your endorsement form.
3. A copy of your certificate of successful completion of a state-approved training program that meets current OBRA requirements, or a transcript showing the completion of "nursing fundamentals."
4. Proof of eight hours of employment as a CNA in a licensed medical facility within the past two years. Acceptable proof includes:
  - Paycheck stub (must include company name);
  - *or* W-2 form;
  - *or* letter from employer on company letterhead, with signature/title of person writing for employer.
5. Endorsement form(s) from the first state you were licensed/certified as a CNA.
6. You must read and understand the following (all are available for viewing and download from the Board's website) **PRIOR** to submitting your application:
  - CNA Model Curriculum
  - CNA Skills Guidelines
  - CNA Hours of Employment for Renewal Advisory Opinion
7. Completed fingerprint cards (see separate instructions and submission form). *Note: a permanent certificate will not be issued until the Board receives fingerprint reports from the Nevada Department of Public Safety and the Federal Bureau of Investigation, and any issues have been resolved.*

### Certification By Examination

*To make you eligible to take the examination(s) and to grant you permanent certification, the Board requires:*

1. A completed and signed application form, including the application and fingerprinting fees (money order, cashier's or personal check, or MasterCard™, Visa™, Discover™, or American Express™ debit or credit card) made payable to Nevada State Board of Nursing. *Fees are not refundable.*

2. A copy of your certificate of successful completion of a state-approved training program that meets current OBRA requirements, or a transcript showing the completion of “nursing fundamentals.” Your training program is valid for two years from the date of completion of the program.
3. You must successfully pass the *Clinical* and *Knowledge* examinations.
4. You must read and understand the following (all are available for viewing and download from the Board’s website) **PRIOR** to submitting your application:
  - CNA Model Curriculum
  - CNA Skills Guidelines
  - CNA Hours of Employment for Renewal Advisory Opinion
5. Completed fingerprint cards (see separate instructions for submission form). *Note: a permanent certificate will not be issued until the Board receives fingerprint reports from the Nevada Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI), and any issues have been resolved.*

## General Information

- Follow all instructions. All questions in all sections must be answered completely and the answers legibly written. *Incomplete applications will be not be processed.*
- After reviewing your application, the Nevada State Board of Nursing (the Board) may notify you that you need to complete additional training or exam(s).
- Your application for certification is valid for one year from the date received by the Board. It is your responsibility to follow up with the Board to determine the ongoing status of your certification application.
- The address furnished on this application will become your address of record unless you indicate otherwise.
- You must notify the Board, in writing, within 30 days of any change in your address of record.
- After all documents are submitted, reviewed, and evaluated, if you are eligible for a temporary certificate, one will be issued. Nevada does not mail certification cards. You may verify your certification status online at our website [www.nevadanursingboard.org](http://www.nevadanursingboard.org)
- One temporary certificate may be issued when the appropriate criteria has been met. It is valid for six months and cannot be renewed. *If you obtain a temporary certificate, but do not complete the certification process, you will not be eligible for another temporary certificate.*
- You may check to see if your certificate has been issued by visiting the license/certificate verification section of our website [www.nevadanursingboard.org](http://www.nevadanursingboard.org).
- Your training program is valid for two years from the date of completion of the program.
- **Time frame:** As processing of your application is dependent on receiving documents from outside sources, we are unable to provide specific time frames for processing. However, if your application is

complete and meets the criteria for issuance of a certificate, we can generally issue your (temporary or permanent) certificate within one week of receipt of your application and applicable documents.

- **Before you submit your application, please make sure you:**
  - have answered ALL the questions in the top portion and Sections 1 through 5, and signed the Affirmation
  - have submitted all required documentation (refer to these instructions for a list of documents)
  - have submitted the correct fee
  - have included your current mailing address

**IMPORTANT!! Please do not send any documents before you submit your application.** The Board will not accept any required documents unless they are submitted with (or after) your application.

10-05-12

# Nevada State Board of NURSING

## Application for Initial CNA Certificate

**Return to:** Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547  
Toll free (888) 590-6726, fax (775) 687-7707, [www.nevadanursingboard.org](http://www.nevadanursingboard.org)  
*To practice as a nursing assistant in Nevada, you must hold an active Nevada CNA certificate.*

First Name Middle Name Last Name

Social Security # Telephone # Date of Birth Place of Birth

Address (if you move, you must notify the Board within 30 days in writing, or via the Board website)

City State

If you wish to apply for a Nevada nursing assistant certificate, please answer all questions and include fee.  
Incomplete applications will be returned to you for completion.

*It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation.*

### Previous Names Used

1.	2.
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### Section 1. Nursing Training Summary

School	Dates attended
Location	

### Section 2. License/Certificate Summary (List all nursing or nursing assistant licenses, registrations or certifications issued by **any** state that you now hold, have **ever** held, or have **ever** applied for. Use additional sheet if necessary)

RN/LPN/CNA	State	License/Certificate #	Received by Exam or Endorsement	Date(s) received	Expiration date(s)

### Section 3. Application Screening Questions (If you answer "Yes" to any of Questions 1 through 5 below, you **MUST** submit the required documents or your application will not be processed.)

Yes	No	<p>1. Has your application, or your license, registration, certificate or privilege to practice of any level <i>(does not include driver's License or car registration)</i></p> <p>a. Ever been denied?</p> <p>b. Ever been disciplined including but not limited to reprimanded, censured, fined, suspended, limited or restricted, or placed on probation or monitoring?</p> <p>c. Ever been subject to a non-disciplinary probation or monitoring program?</p> <p>d. Are you the subject of a current investigation or inquiry in any state or jurisdiction?</p> <p>e. Are you the subject of a pending hearing, settlement or action in any state or jurisdiction?</p> <p>If <b>any</b> answer is Yes, you must submit the following:</p> <p>a. A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; AND</p> <p>b. Copies of documents from the state or jurisdiction where there has been action, a current investigation, or inquiry</p>
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### Section 3 (con't). Application Screening Questions

Yes	No	<p>2. Have you <u>ever</u> had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p>If the answer is <u>Yes</u>, for each conviction you must submit:</p> <p>a. A detailed letter of explanation including the circumstances leading to your conviction, date convicted, actual conviction (i.e. DUI, theft, etc.), what your sentence was, and if and when you completed it; and</p> <p>b. Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole/Probation Officer, etc.) or a letter/form from the court indicating no records are available</p>
Yes	No	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p>If the answer is <u>Yes</u>, you must attach to this application:</p> <p>a. A letter of explanation that addresses the impairment or limitations of practice;</p> <p>b. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations</p>
Yes	No	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p>If the answer is <u>Yes</u>, you must submit:</p> <p>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities;</p> <p>b. Documentation from knowledgeable individual(s) documenting your length of sobriety; and</p> <p>c. Documentation of inpatient or outpatient chemical dependency treatment.</p>
Yes	No	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p>If the answer is <u>Yes</u>, you must submit:</p> <p>a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and</p> <p>b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.</p>

### Section 4. Child Support Information

Yes	No	I am subject to a court order that requires me to pay for the support of one or more children.	
Yes	No	N/A	I am in compliance with that court order. (If you answered <i>No</i> to the question above, mark N/A.)

### Section 5. Attestations (The following documents are available at [www.nevadanursingboard.org](http://www.nevadanursingboard.org))

Yes	No	I have read and understand the Nevada CNA Model Curriculum
Yes	No	I have read and understand the Nevada CNA Skills Guidelines
Yes	No	I have read and understand the Nevada CNA Hours of Employment for Renewal Advisory Opinion

### Affirmation. All Applicants Must Complete

I affirm (swear) that I have read this application and the statements made are true and correct.	
Signature	Date

### If paying by credit card, please complete

Choose one: Visa    MasterCard    Discover    American Express	Card number	Exp. date
Name on card	Amt. \$	Signature

# Nevada State Board of **NURSING**

## Endorsement Form For Certified Nursing Assistant

This form **must be completed by each state** where you have obtained certification.

Name:	_____	Social Security #	_____
	Last First Middle		
Address:	_____	Date of Birth:	_____
	Street Apt# City/State/Zip		
Certification #:	_____	Issue Date of Certification:	_____
Last day employed as a CNA:	_____		
Last Employer Name & Address:	_____		
	City/State/Zip		
I hereby authorize the State of _____ to furnish the information requested to the NV State Board of Nursing.			
_____	_____	_____	_____
Applicant's Signature		Date	

### Do Not Write Below – For Completion By State Nurse Aide Registry Only

#### TRAINING INFORMATION

Name of Nurse Aide Training Program	_____		
Completion date of Training Program	_____	Program meets OBRA 1987 requirements:	<input type="radio"/> Yes <input type="radio"/> No
_____	Date initially placed on registry:	_____	Certificate Expiration Date: _____
Certification #			

#### METHOD OF CERTIFICATION

Please check one of the following:

<input type="radio"/> Not Certified	<input type="radio"/> Deemed onto Registry	<input type="radio"/> Endorsed from _____
<input type="radio"/> Written Exam Only _____	<input type="radio"/> Manual Exam Only _____	<input type="radio"/> _____
	Exam Date	Exam Date
<input type="radio"/> Completed manual skills and written exam but did not take a training program – Date of test(s): _____		
<input type="radio"/> Completed a state-approved training program, passed manual skills and written exam – Date of test(s): _____		

#### DISCIPLINE INFORMATION

Are there any registry findings for abuse, neglect, and/or misappropriation?	<input type="radio"/> No	<input type="radio"/> Yes
Has this certificate ever been revoked, suspended, placed on probation, or surrendered?	<input type="radio"/> No	<input type="radio"/> Yes
Has this applicant incurred any disciplinary action in your state?	<input type="radio"/> No	<input type="radio"/> Yes
Is any disciplinary action pending?	<input type="radio"/> No	<input type="radio"/> Yes

If "yes" to any of the discipline questions, please submit certified copies.

\_\_\_\_\_  
Signature / Title

State: \_\_\_\_\_ Date: \_\_\_\_\_

(SEAL)

rev. 11/21/13

## State Nurse Aide Registry Telephone Directory

You must have the *Endorsement Form for Certified Nursing Assistant* completed by a state in which you have **ever** held a CNA certificate. Individual State Nurse Aide Registries may charge you a fee to complete the form.

- Call the state in which you were certified and ask about their specific requirements before you send the form.
- Complete the top half of the *Endorsement Form for Certified Nursing Assistant*, include a fee if required, and send a separate form to the state.
- The states will mail the completed forms directly to the Board.

If you need more forms, you may download them from the Board's website at [www.nevadanursingboard.org](http://www.nevadanursingboard.org) (click on *Certification Information*). You may also call the Board at 1-888-590-6726.

**The NSBN will not act as your agent. This is your responsibility.**

Alabama	334-206-5169	Louisiana	255-295-8575	Oregon	971-673-0658
Alaska	907-269-8169	Maine	207-624-7300	Pennsylvania	800-852-0518
Arizona	602-771-7800	Maryland	410-585-1994	Rhode Island	401-222-5888
Arkansas	501-682-1807	Massachusetts	617-753-8143	S. Carolina	800-475-8290
<b>California</b>	<b>** see below</b>	Michigan	800-752-4724	S. Dakota	605-362-2769
<b>Colorado</b>	<b>** see below</b>	Minnesota	651-215-8705	Tennessee	615-532-7841
Connecticut	866-499-7485	Mississippi	888-204-6213	Texas	800-452-3934
Delaware	302-577-6666	<b>Missouri</b>	<b>**see below</b>	Utah	801-547-9947
Dist of Col	888-274-6060	Montana	406-444-4980	Vermont	802-828-2819
Florida	850-245-4125	Nebraska	402-471-0537	Virginia	804-367-4614
Georgia	800-414-4358	New Hampshire	603-271-2323	Virgin Islands	340-776-7397
Hawaii	808-734-2101	New Jersey	866-561-5914	Washington	360-725-2597
Idaho	800-748-2480	New Mexico	505-476-9040	W. Virginia	304-558-0050
<b>Illinois</b>	<b>** see below</b>	New York	800-805-9128	Wisconsin	608-243-2019
Indiana	317-233-7351	<b>N. Carolina</b>	<b>** see below</b>	Wyoming	307-777-7601
Iowa	515-281-4077	N. Dakota	701-328-2853		
Kansas	785-296-6877	Ohio	614-752-9500		
Kentucky	888-530-1919	Oklahoma	800-695-2157	Nevada	888-590-6726

This directory was developed as a courtesy for your use; the information listed may have changed since the last printing.

**\*\*These states will not complete the *Endorsement Form for Certified Nursing Assistant*. Therefore, you will not need to submit forms for California, Colorado, Georgia, Illinois, Missouri, or North Carolina.**