

Nevada State Board of **NURSING**

Instructions for Application for Licensure as an Advanced Practice Registered Nurse

APPLICATION INSTRUCTIONS

1. You must hold an active Nevada RN license. Your APRN license will be issued when you have met all of the requirements for licensure and will expire on the same date as your RN license. At the time of renewal, you must renew both your RN and your APRN.
2. Submit a completed and signed application form, including a fee of \$200 (money order, cashier's or personal check, or MasterCard™, Visa™, Discover™ or American Express™ debit or credit card) made payable to NSBN. **Fees are not refundable.**
3. If you are applying for licensure by endorsement, submit a copy of your active certificate of recognition or license from another state.
4. Submit a copy of your certification as an advanced practice registered nurse by a nationally recognized certification agency approved by the Board. (All applicants are encouraged to send the Board a copy of their national certification, even if it is not required for licensure based on their initial qualifications.)
5. Submit an official transcript with degree posted sent directly from your advanced nursing education program. The program must be at least one academic year in length, and must include didactic instruction and clinical experience with a qualified physician (MD or DO) or APRN. The transcript must show your program included these basic educational components:
 - a) Advanced Health Assessment,
 - b) Advanced Pathophysiology,
 - c) Advanced Pharmacology
 - d) Advanced role preparation,
 - e) Specific clinical specialty,
 - f) Clinical preceptorship.

If the above components are not clearly identified as courses on your transcript, you must provide an explanatory letter from an authorized school representative, or copies of the relevant pages of the school catalog from the year(s) of your attendance.

6. If you are applying for prescribing privileges, you must complete the additional information on your application with the Nevada State Board of Nursing. Once your APRN license is issued, and you qualified for prescribing privileges, the Board will notify the Board of Pharmacy that you are eligible for prescribing privileges. Then you must apply for prescribing privileges with the Board of Pharmacy. You may not prescribe any medications until the Board of Pharmacy has issued you a license to prescribe, you have submitted a copy of that license to the Board of Nursing and your status had been updated reflect current active prescribing privileges. Finally, if you wish to prescribe controlled substances you must apply with the Board of Pharmacy and the Drug Enforcement Administration (DEA). You may not prescribe controlled substances until the Board of Pharmacy has issued you a license to prescribe, you have received a DEA certificate to prescribe controlled substances, you have submitted a copy of that license to the Board of Nursing and your status had been updated reflect current your active prescribing privilege. Please contact the Board of Pharmacy for forms and regulations regarding the authority to prescribe medication in Nevada at 431 W. Plumb Lane, Reno, NV 89509, (775) 850-1440, <http://bop.nv.gov/> *

***If you have clinically practiced as an advanced practice registered nurse less than two years or 2,000 hours and plan to prescribe Schedule II controlled substances you must obtain a formal protocol, with a collaborative physician. Once you have clinically practiced for more than two years or 2,000 hours you are no longer required to have this formal protocol with a collaborating physician and must submit documentary evidence supporting this to the Nevada State Board of Nursing. Documentary evidence may include but is not limited to:**

- A signed letter from your employer(s) stating that you have clinically practiced for a total of 2 years OR 2,000 hours;
- A signed letter from your collaborating physician or another APRN whom you have been working with stating that you have at least 2,000 hours or 2 years of clinical practice;
- Any other available form of verification. (Will be reviewed individually for acceptance.)

If you are not prescribing Schedule II controlled substances, you are not required to meet this requirement.

APRN Protocol: An example of this protocol is available on the Board's website. The APRN must keep their protocol at their place of work. Please note: The Board has the authority to conduct random audits of your practice. When audited, the APRN will send a photocopy of the protocol that is kept at their work place, along with other requested documentation. Failure to comply with the audit requirements within the specified timeframe may result in further investigation and possible disciplinary action against your license. Failing to obtain a protocol with a collaborative physician if required may result in a complaint/investigation against your license for practicing beyond scope and may be grounds for disciplinary action against your license.

7. Submit completed fingerprint card. Once your initial application is received the Board will send you a fingerprint card and instructions, alternately you can call 888-590-6726 to make an appointment to have your fingerprints done electronically in our office. You must complete the fingerprint process prior to receiving a permanent APRN license, unless you have submitted fingerprints for Nevada RN licensure within the past six months. 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.

Qualifications for a License as an APRN

If you completed a program to prepare an APRN before July 1, 1992

- You must have active certification/licensure in another state or jurisdiction and have practiced nursing within the last five years.
- You must have graduated from or completed a program designed to prepare an advanced practice registered nurse.
- Beginning July 1, 2014, you are highly encouraged to hold current national certification as an advanced practice registered nurse.
- If you are applying to prescribe Schedule II Controlled Substances you must submit proof that you have clinically practiced as an APRN for a minimum of 2 years or 2,000 hours OR you will be required to submit a protocol for the prescribing of Schedule II Controlled Substances with a collaborating physician.
- If you are applying for an APRN with prescriptive privileges, you must provide documentation of 1,000 hours of active practice prescribing medication in the immediately preceding 2 years as an APRN.

If you completed a program to prepare an APRN between July 1, 1992 and June 1, 2005

- You must hold a current national certification as an advanced practice registered nurse and hold a bachelor's degree in nursing from an accredited school.
- You must have active certification/licensure in another state or jurisdiction and have practiced nursing within the last five years.
- You must have graduated from or completed a program designed to prepare an advanced practice registered nurse.
- Beginning July 1, 2014, you are highly encouraged to hold current national certification as an advanced practice registered nurse.
- If you are applying to prescribe Schedule II Controlled Substances you must submit proof that you have clinically practiced as an APRN for a minimum of 2 years or 2,000 hours OR you will be required to submit a protocol for the prescribing of Schedule II Controlled Substances with a collaborating physician.

- If you are applying for an APRN with prescriptive privileges, you must provide documentation of 1,000 hours of active practice prescribing medication in the immediately preceding 2 years as an APRN.

If you completed a program to prepare an APRN after June 1, 2005

- You must have active certification/licensure in another state or jurisdiction and have practiced nursing within the last five years.
- You must hold a master's or doctorate degree in nursing.
- You must have graduated from or completed a program designed to prepare an advanced practice registered nurse.
- If you are applying to prescribe Schedule II Controlled Substances you must submit proof that you have clinically practiced as an APRN for a minimum of 2 years or 2,000 hours OR you will be required to submit a protocol for the prescribing of Schedule II Controlled Substances with a collaborating physician.
- Beginning July 1, 2014, you are highly encouraged to hold current national certification as an advanced practice registered nurse.

If you completed a program to prepare an APRN after July 1, 2014

- You must have active certification/licensure in another state or jurisdiction and have practiced nursing within the last five years unless you are applying as a new graduate from a program designed to prepare an advanced practice registered nurse.
- You must hold a master's or doctorate degree in nursing or related health field.
- You must have graduated from or completed a program designed to prepare an advanced practice registered nurse.
- If you are applying to prescribe Schedule II Controlled Substances you must submit proof that you have clinically practiced as an APRN for a minimum of 2 years or 2,000 hours OR you will be required to submit a protocol for the prescribing of Schedule II Controlled Substances with a collaborating physician.
- You must provide documentation showing that you are certified as an advanced practice registered nurse by the American Board of Nursing Specialties, Accreditation Commission for Education in Nursing (formerly the National League for Nursing), Commission on Collegiate Nursing Education, the National Commission for Certifying Agencies of the Institute for Credentialing Excellence or any other nationally recognized certification agency approved by the Board. Other nationally recognized certification agencies include but are not limited to: CCNE, ACNE, AANP and PNCB.

ALL APPLICANTS:

- Must hold an active Nevada RN license.
- Your application 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 application.
- You must notify the Board, in writing, within 30 days of any change in your address of record or practice location.
- You must notify the Board, in writing, if you add, change, or terminate an agreement with a collaborating physician, if required.
- A temporary APRN license may be issued when the appropriate criteria has been met. The temporary APRN license lapses on the date noted on the Board's website, www.nevadanursingboard.org. **If you obtain a temporary APRN license but do not complete the licensure process, you will not be eligible for another temporary license. A temporary license does not authorize prescribing privileges.**
- After all documents are submitted, reviewed, and evaluated, if you are eligible, you will be issued a permanent APRN license and the Board will mail an initial wall certificate to your address of record.
- Please be advised that the Board has the authority to conduct random audits of your practice. When audited, in addition to submitting proof of 15 contact hours of CEs related to your specialty, you must submit a copy of your professional portfolio that is kept at your practice site. APRN Professional Portfolio Instructions can be found on our website.
- All applicants are encouraged to send the Board a copy of their national certification, even if it is not required for licensure.
- If you wish to apply for an additional APRN role/population of focus you must submit a new application with all application requirements. There is no fee for adding an additional APRN role or population of focus.

Nevada State Board of **NURSING**

Application for Advanced Practice Registered Nurse

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547
(888) 590-6726 | fax (775) 687-7707 | www.nevadanursingboard.org

To practice as an advanced practice registered nurse in Nevada, you must hold both active RN and APRN licenses

New Graduate Endorsement

First Name Middle Name Last Name

Social Security # Date of Birth Telephone # Email Address

Address (if you move, please notify the Board immediately, in writing, or via the Board's website) Apt. #

City State ZIP

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.

Section 1. Educational Preparation* (Please list all educational preparation, with the highest level first.)

School	City/State	Major	Degree	Grad Date

**If you graduated after June 1, 2005, you must hold a master's degree in nursing.*

**If you graduated after July 1, 2014, you must be certified as an advanced practice registered nurse.*

Yes <input type="radio"/>	No <input type="radio"/>	I affirm that my advanced practice registered nursing program is accredited or approved by an organization approved by the Board to accredit or approve those programs.
I was educated for the role of: <input type="radio"/> Nurse Practitioner <input type="radio"/> Nurse Midwife <input type="radio"/> Clinical Nurse Specialist		
In the population focus of (select all that apply):		
<input type="radio"/> Women's health <input type="radio"/> Family/Individual across life span <input type="radio"/> Psych/Mental health <input type="radio"/> Adult Health/Gerontology <input type="radio"/> Pediatrics <input type="radio"/> Neonatal		

Section 2. Nursing Practice - If Seeking Licensure by Endorsement Only

Yes <input type="radio"/>	No <input type="radio"/>	I affirm that I have an active license/certificate in another jurisdiction and have actively practiced as an advanced practice registered nurse, have maintained my licensure/certification in good standing and have complied with the requirements for continuing education of that state or jurisdiction.
I last practiced as an APRN on this date _____ In what state? _____		

Section 3. Basic Qualifications (Please select one)

Yes <input type="radio"/>	No <input type="radio"/>	<p>Completed APRN Program after July 1, 2014 I affirm (swear) that I have completed a program to prepare and advanced practice registered nurse, that I hold a master's degree in nursing and I am aware that I must hold current national certification to practice as an advanced practice registered nurse.</p> <p>I am nationally certified by _____ (if you have not taken your national certification examination please write pending. A permanent license will NOT be issued until a copy of your national certification has been received.)</p> <p>My certification expiration date is _____</p>
Yes <input type="radio"/>	No <input type="radio"/>	<p>Completed APRN program between June 1, 2005 and July 1, 2014 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse and I hold a master's degree in nursing.</p>
Yes <input type="radio"/>	No <input type="radio"/>	<p>Completed APRN program between July 1, 1992 and June 1, 2005 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse and that I hold current national certification as an advanced practice registered nurse and I hold a bachelor's degree in nursing.</p>
Yes <input type="radio"/>	No <input type="radio"/>	<p>Completed APRN program before July 1, 1992 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse.</p>

Section 4. Prescribing Privileges

Yes <input type="radio"/>	No <input type="radio"/>	I am applying for prescribing privileges. <i>If no, please skip the remaining questions in Section 4.</i>
<p>I am applying for the privilege to prescribe within the following controlled substances schedule categories: Select all that apply: Schedule II/IIIN (2/2N) <input type="radio"/> Schedule III/IIIN (3/3N) <input type="radio"/> Schedule IV (4) <input type="radio"/> Schedule V (5) <input type="radio"/></p>		
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I will only prescribe controlled substances, poisons, dangerous drugs, or devices which are within the standard of my identified role and focus population.
<p>My DEA # _____ In what state? _____ Expires on: _____</p>		

Section 5. Affirmation that current requirements of Nevada law will be met

Yes <input type="radio"/>	No <input type="radio"/>	<p>I affirm (swear) that I have clinically practiced for at least 2 years or 2,000 hours as an APRN.</p> <p>If yes, you must submit documentary evidence that supports this statement. Documentary evidence may include but is not limited to:</p> <ol style="list-style-type: none"> A signed letter from your employer(s) stating that you have clinically practiced for a total of 2 years OR 2,000 hours; A signed letter from your collaborating physician or another APRN whom you have been working with stating that you have at least 2,000 hours or 2 years of clinical practice; Any other available form of verification. (Will be reviewed individually for acceptance.)
Yes <input type="radio"/>	No <input type="radio"/>	<p>I affirm (swear) that I am applying to prescribe Schedule II controlled substances.</p> <p>If yes, and you have not clinically practiced for at least 2 years or 2,000 hours as an APRN, you are required to submit a protocol with a collaborative physician for prescribing Schedule II controlled substances until you have clinically practiced for at least 2 years or 2,000 hours as an APRN.</p>
Yes <input type="radio"/>	No <input type="radio"/>	<p>I affirm that I have not clinically practiced for at least 2 years or 2,000 hours as an APRN. Although I am applying for prescribing privileges, I will not prescribe Schedule II controlled substances. Therefore, I am not required to have a protocol with a collaborative physician.</p>

Section 6. Eligibility Screening Questions

(If you answer "Yes" to any question below, you **MUST** submit the required documents to avoid delays in processing your application)

Yes <input type="radio"/>	No <input type="radio"/>	<p>1. Has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <ol style="list-style-type: none"> Ever been denied or disciplined by a regulatory Board including but not limited to reprimanded, censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring? Ever been subject to a non-disciplinary probation or monitoring program? AND/OR Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction? <p><i>If any answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.
Yes <input type="radio"/>	No <input type="radio"/>	<p>2. Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><i>If the answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation including the events leading to your conviction; and 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 or Probation Officer, etc.) or a letter/form from the court indicating no records are available.
Yes <input type="radio"/>	No <input type="radio"/>	<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><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation that addresses the impairment or limitations of practice; and 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.
Yes <input type="radio"/>	No <input type="radio"/>	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan; Documentation from knowledgeable individual(s) documenting your length of sobriety; and Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).
Yes <input type="radio"/>	No <input type="radio"/>	<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><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> 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 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.

Section 6. Eligibility Screening Questions (Con't)

Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> 1. A detailed letter of explanation regarding the events leading to the suit; and 2. A copy of the complaint and current status of the case.
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Section 7. Military Status (You must submit a copy of your/your spouse's military issued DD214 or identification card in order to qualify for the reduced application fee. All applicants must answer the questions below; the reduced application fee applies to **endorsement** applications only)

Yes <input type="radio"/>	No <input type="radio"/>	I am an active United States military member or a United States military veteran
Yes <input type="radio"/>	No <input type="radio"/>	I am the spouse of an active United States military member or surviving spouse of a veteran.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?"

Affirmation. All Applicants Must Complete

I affirm (swear) that I have read this application and the statements made are true and correct. If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.

Signature _____ Date _____

Before mailing this application please ensure that you have:

1. Completely filled out the application, signed the application and included the application fee;
2. Requested official transcripts with degree posted to be sent to NSBN;
3. Submitted or will submit a copy of your nationally recognized certification, if required;
4. Submitted or will submit proof that you have practiced at least 2 years or 2,000 hours OR a protocol for prescribing schedule II controlled substance, if requesting schedule II prescribing privileges;
5. Completed or will complete the fingerprinting process.

Fee Payment

Application fee	\$200
Application fee including military discount	\$100

(Military discount applies to endorsement applications only and proper documentation **must** be included with the application or it will cause a delay in processing your application)

Please pay the \$200 application fee by credit card (Visa, MasterCard, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing. U.S. Funds only.

Please note: If you do not submit the required fees, your application will not be processed.

If Paying By Credit Card, Please Complete

Choose one: Visa MasterCard Discover American Express **Choose amount:** \$200.00 \$100.00

Card number _____ Exp. Date _____

Name on card _____ Signature _____

Additional Information Regarding Eligibility Screening Question #2

Important

- Even if you have been told a conviction has been expunged, sealed, dismissed, dropped, etc., it may still show up on your fingerprint report. **In such situations where you were NOT convicted, you may answer no to the question, and include a letter of explanation and court document indicating the outcome of the case with your application. This will prevent staff from asking about it upon receipt of your fingerprint results.**
- A Criminal Conviction is defined as being found guilty of a criminal offense in a court of law.
 - You could have been convicted even if you didn't spend any time in jail.
- Criminal convictions include misdemeanors and felonies.
 - If you answered "NO" to Question #2 and the Board finds you have a conviction, your application will be denied as a fraudulent application.
 - If you answered "YES" to Question #2 and do not attach the required documents, your application will not be considered by the Board until you provide the documents.

The Nevada State Board of Nursing requires all applicants for nursing licenses and nursing assistant certificates to answer six screening questions. These questions address discipline in another state, criminal convictions, chemical dependency, medical and mental health conditions, and malpractice cases. In addition, all applicants must submit their fingerprints for an FBI and State of Nevada criminal background check.

Question #2 reads: **Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is YES, you must attach to this application the following:**

- a. A letter of explanation including the circumstances leading to the conviction, date of offense, actual conviction (i.e. DUI, theft, etc.), sentencing requirements, and current status of sentence;*
- b. Copies of court documents identifying actual conviction and sentence and current status of sentence (i.e. all fines paid in full, etc). If no documents are available, a letter from the court stating such;*

If you answered "YES" to Question #2 and attach the required documents, the Board may accept or deny your application. The Board considers each application individually, using the guidelines below.

Board staff will evaluate each applicant for licensure/certification on the basis of evidence of rehabilitation and the potential/actual risk to the public. Board staff has the discretion to clear the following when all legal requirements have been met:

1. A singular felony conviction occurring more than ten (10) years ago;
2. The conviction(s) do not involve an offense involving moral turpitude, or related to the qualifications, functions or duties of a licensee or holder of a certificate.

All applications will be presented to the Board for acceptance, denial, or other action upon determining that the applicant is guilty of a felony within the previous ten years, or any offense involving moral turpitude or related to the qualifications, functions or duties of a licensee or holder of a certificate.

If your application is presented to the Board for consideration, you will receive written notice regarding the date, time and location of the Board meeting. You may appear before the Board to present information on your rehabilitation and reasons you believe the Board should accept your application. At that time, the Board may deny your application, which is reported as a disciplinary action, or the Board may accept your application, granting you a license or certificate, possibly with restrictions.

If you have one of the criminal convictions listed below (1-15) and the Nevada State Board of Nursing grants you a license or certificate, the Nevada State Health Division will *not* allow you to work in any capacity in a facility for intermediate care, facility for skilled nursing, home health care, or a residential facility for groups.

1. Murder, voluntary manslaughter or mayhem;
2. Assault with intent to kill or to commit sexual assault or mayhem;
3. Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;
4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;
5. A crime involving domestic violence that is punished as a felony;
6. A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;
7. Abuse or neglect of a child or contributory delinquency;
8. A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the immediately preceding 7 years;
9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
11. A violation of any provision of [NRS 422.450](#) to [422.590](#), inclusive;
12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;
13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;
14. Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or
15. An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years;

For questions on the Nevada State Board of Nursing's laws, regulations and policies regarding applicants with criminal convictions, please call toll free 1-888-590-6726.

For questions about the type of health care facilities in which you may work, please call the Nevada State Division of Health, Bureau of Health Care Quality and Compliance, in Carson City at 775-687-4475 and in Las Vegas at 702-486-6515.

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. You are strongly encouraged to complete your fingerprints immediately and submit the completed form on the reverse side with the Civil Applicant Waiver OR the fingerprint card along with the Civil Applicant Waiver at the same time as your application.

1. If you fingerprint in Nevada, you are strongly encouraged to have your fingerprints submitted via electronic transmission (livescan) instead of submitting a fingerprint card. *Electronic transmission is only available if you have your fingerprints captured in Nevada.*

OR

2. You must submit a completed fingerprint card (Form FD-258).
 - a. 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). You will also need to make sure that the **Signature of Official taking prints** block is signed by the appropriate individual. Cards without these information blocks completed are considered "incomplete" and will be returned to the applicant. Illegible cards cannot be processed.
 - b. Fingerprinting may be done by a law enforcement agency in any state or by a private fingerprinting service. (The Board's website www.nevadanursingboard.org has a list of Nevada fingerprinting locations that offer electronic submission (livescan) as well as fingerprinting on cards.) The Board provides fingerprint capture **by appointment** in its offices.
3. 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.
4. All applicants must complete the attached Civil Applicant Waiver and submit it with the form on the reverse side of these instructions.
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) is used exclusively
 - You have completed and submitted the Civil Applicant Waiver

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.

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 \$40.00 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 _____ Last Name _____

Date of Birth _____ Social Security Number _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

Application Type: RN LPN CNA MA-C **Licensed by:** Endorsement Exam Renewal

APRN CRNA EMS/RN

If paying by credit or debit card, please complete:

Visa _____ MasterCard _____ Discover _____ AMEX _____ Card number _____ Exp. date _____

Name on card _____ Amount \$40.00 Signature _____



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of submitting agency) Nevada State Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge that accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 – Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of the requesting agency) Nevada State Board of Nursing, to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Nevada State Board of Nursing

Address: 5011 Meadowood Mall Way #300, Reno, Nevada, 89502

Agency representative: Dinauer, Cathy
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: *Cathy Dinauer, MSN RN*

Date: _____