

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. Visit our website www.nevadanursingboard.org for a list of approved private fingerprinting facilities.*

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. If you have not received a notification that your background check is complete after 60 days from submission, please contact us through the message center. 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 _____