

Nevada State Board of NURSING

Instructions for Completion and Submission of Fingerprints

All applicants must create a Nevada Nurse Portal Account prior to submitting fingerprints. You may submit your application prior to submitting fingerprints but you are strongly encouraged to fingerprint early in the application process. You may submit fingerprints in one of the following three ways:

1. Electronic Submission at NSBN Office

- a) The Board provides fingerprint capture by appointment in its Reno or Las Vegas offices. To schedule an appointment, click on the “Fingerprint Appointment” button located on the homepage of our website. If you fingerprint at our office, you are not required to submit the attached fingerprint submission form or receipt.

2. Electronic Submission at Other Sites in Nevada

- a) You are strongly encouraged to have your fingerprints submitted via electronic transmission (livescan) instead of submitting a fingerprint card. Electronic transmission is available if you have your fingerprints captured **in Nevada only**. Visit our website www.nevadanursingboard.org for a list of approved private Nevada fingerprinting facilities.
- b) If you have your fingerprints submitted by electronic submission outside of our office, you will make payment to the agency that captures your fingerprints and have them complete the electronic submission section on the fingerprint submission form (see attached) or provide a copy of your fingerprint submission receipt.
- c) Complete the Civil Applicant Waiver.

3. Fingerprint Card Submission

- a) Fingerprinting may be done by a law enforcement agency in any state or by a private fingerprinting service. You may use any agency's fingerprint card as long as it is completed on the standard FD-258 card. You may also request that a fingerprint card be mailed to you in your application or by sending a message through your nurse portal account.
- b) You must complete the information blocks on the fingerprint 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.
- c) Complete the fingerprint submission form (see attached) and send the fee and completed fingerprint card to 5011 Meadowood Mall Way, Ste. 300, Reno, Nevada 89502.
- d) Complete 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.

Nevada State Board of NURSING

Fingerprint Submission Form

Applicants must submit this form to NSBN with their completed fingerprint card and payment **OR** once they have submitted electronic fingerprints. All applicants must complete the Applicant Information section and either the Electronic Submission **OR** Fingerprint Card Submission sections. If you are submitting a card you must mail the completed card and this form to our office for processing. If you submitted electronic fingerprints, the fingerprinting agency must complete the electronic submission information or provide you with a fingerprinting receipt. For electronic submission, you may send this completed form to NSBN through the message center in your Nurse Portal Account. **Reminder: All applicants must submit a completed Civil Applicant Waiver to NSBN.**

Applicant Information (all applicants must complete):

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Electronic Submission (to be completed by the fingerprinting agency):

Pursuant to ORI: NV920430Z Account: 88V301 Reason Fingerprinted: 632.344

Name of Electronic Fingerprint Vendor: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Fingerprints Submitted: _____

TCN#: _____

Contact Name: _____

Contact Phone Number: _____

* You may also attach a copy of the fingerprint agency's submission receipt.

Fingerprint Card Submission (to be completed if you are mailing in a hard card):

Attach the completed fingerprint card to this form and \$40.00 processing fee. 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.

Choose one: Visa___ MasterCard___ Discover___ AMEX___ Check or Money Order Attached ___

If paying by credit or debit card, please complete the additional information below.

Card number: _____ Exp date _____ CVC: _____

Name on card: _____

Card holder billing address: _____

City _____ State: _____ ZIP: _____

Signature: _____

A receipt will be sent via email, please provide a valid email address here: _____

Mail to: Nevada State Board of Nursing, 5011 Meadowood Mall Way #300, Reno, NV 89502



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: _____