

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.

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. All fingerprint cards are valid for one year from the date you printed. 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.

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

Applicants must submit this form to NSBN with their completed fingerprint card and payment \underline{OR} once they have submitted electronic fingerprints. All applicants must complete the Applicant Information section and either the Electronic Submission \underline{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.

Applicant Infor	mation (all a	pplicants	must com	plete):			
First Name:	Last Name:						
Date of Birth:	Social Security Number:						
Address:							
City:							
Electronic Subr	nission (to be	complete	d by the fi	ingerprinting	g agency)) :	
Pui	suant to ORI: N	V920430Z	Account: 88	V301 Reason F	ingerprinte	ed: 632.344	
Name of Electronic	Fingerprint Ven	dor:					
Address:							
City:							
Date Fingerprints S	ubmitted:						
TCN#:							
Contact Name:							
Contact Phone Num							
* You may also atta	ch a copy of the	fingerprint a	gency's subr	mission receipt.			
Fingerprint Car	rd Submissio	n (to be co	ompleted i	f you are ma	iling in a	hard card):	
Attach the complete (MasterCard, Visa, Nevada State Board	Discover, or Am	erican Expre	ess), personal				
Choose one: Visa_	_ MasterCard	_ Discover_	AMEX	_ Check or Mor	ney Order A	Attached	
If paying by credit of	or debit card, ple	ase complete	the addition	al information b	elow.		
Card number:				Exp date _		CVC:	
Name on card:							
Card holder billing							
City							
Signature:							
A receipt will be ser	nt via email, plea	ase provide a	valid email	address here:			