

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.

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 (required fields indicated below): last, first, and middle names; signature of person fingerprinted; 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.

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		O		R		I	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE	
EMPLOYER AND ADDRESS		YOUR NO. OCA		HGT.		WGT.		EYES	
REASON FINGERPRINTED		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS		HAIR	
		SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU		REF		DATE OF BIRTH	
								Month Day Year	
								PLACE OF BIRTH POB	

- 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.

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.

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