

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 **MUST** submit your application prior to submitting fingerprints. you are strongly encouraged to fingerprint early in the application process. You may submit fingerprints in one of the following two ways:

1. Electronic Submission in Nevada

- 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**. For a list of private fingerprint sites please visit the Nevada Department of Public Safety website at <https://rccd.nv.gov/FeesForms/Fingerprints/>.
- If you have your fingerprints submitted by electronic submission at a private fingerprint site, 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.

2. Fingerprint Card Submission

- Fingerprinting may be done by a law enforcement agency in any state or by any private fingerprinting service. You may use any agency's fingerprint card if 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. Your fingerprints may be inked or digitally printed onto the card by the official agent.
- You must ensure that all information blocks are completed and legible.** Required fields include: 1) last, first, and middle names; 2) your signature; 3) your complete address; 4) the date your fingerprints were captured; 5) the signature of the official taking your fingerprints; 6) reason fingerprinted – 632.344; 7) any aliases ever used, if none, leave blank; 8) citizenship – country name; 9) social security, if none, leave blank; 10) ORI - NV920430Z; 11) sex; 12) race – indicate W (White), B (Black), H (Hispanic), I (American Indian or Alaskan Native), A (Asian or Pacific Islander) or O (Other); 13) height in feet and inches; 14) weight in pounds; 15) eye color – indicate BLK (black), BLU (blue), BRO (brown), GRY (gray), GRN (green) or HAZ (hazel); 16) hair color – indicate BLK (black), BRO (brown), BLN (blond or strawberry) GRY (gray), RED (red) SDY (sandy) or BAL (bald); 17) date of birth; and 18) place of birth – indicate city and state, if not in the US indicate country. Cards without these information blocks completed or that are illegible are considered incomplete and will be returned to the applicant.

The image shows a standard FD-258 fingerprint card with various fields. Red circles with numbers 1 through 18 are placed over specific fields to indicate which ones are required for completion. The fields are as follows:

- 1: LAST NAME, FIRST NAME, MIDDLE NAME
- 2: SIGNATURE OF PERSON FINGERPRINTED
- 3: RESIDENCE OF PERSON FINGERPRINTED
- 4: DATE
- 5: SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
- 6: REASON FINGERPRINTED
- 7: ALIASES AKA
- 8: CITIZENSHIP CTZ
- 9: SOCIAL SECURITY NO. SOC
- 10: ORI
- 11: SEX
- 12: RACE
- 13: HGT
- 14: WGT
- 15: EYES
- 16: HAIR
- 17: DATE OF BIRTH (Month, Day, Year)
- 18: PLACE OF BIRTH (City, State)

- Complete the fingerprint submission form (see attached) and send the fee and completed fingerprint card to 6005 Plumas Street, Ste. 100, Reno, Nevada 89519.

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 strongly encouraged to fingerprint early in the application process.**

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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 Nevada 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, 6005 Plumas Street, Ste. 100, Reno, Nevada 89519