

## **Instructions for Completion and Submission of Fingerprints**

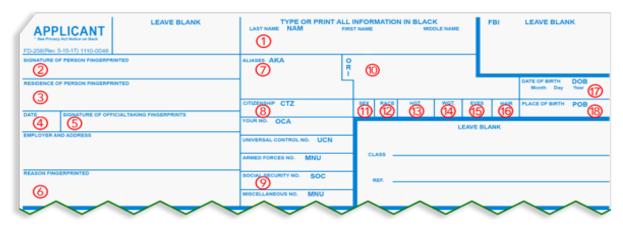
All applicants must create a Nevada Nurse Portal Account prior to submitting fingerprints. You MUST submit your application prior to submitting fingerprints. you are strongly encouraged to fingerprint early in the application process. You may submit fingerprints in one of the following two ways:

## 1. Electronic Submission in Nevada

- 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 <u>in</u>
  Nevada only. For a list of private fingerprint sites please visit the Nevada Department of Public Safety website at <a href="https://rccd.nv.gov/FeesForms/Fingerprints/">https://rccd.nv.gov/FeesForms/Fingerprints/</a>.
- b) 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

- a) 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.
- b) 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.



c) 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 <u>four</u> 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.** 



## **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.

<b>Applicant Informat</b>	tion (all applican	ts must comp	olete):		
First Name:	Last Name:				
Date of Birth:		_Social Security	Number:		
Address:					
City:		State:		Zip:	
<b>Electronic Submiss</b>	ion (to be comple	eted by the N	evada fingerpr	inting agency):	
Pursuan	t to ORI: NV920430	Z Account: 88V	7301 Reason Fing	erprinted: 632.344	
Name of Electronic Fing	erprint Vendor:				
Address:					
City:		State:		Zip:	
Date Fingerprints Submi	tted:				
TCN#:			<del></del> -		
Contact Name:					
Contact Phone Number:					
* You may also attach a	copy of the fingerprin	nt agency's subm	nission receipt.		
Fingerprint Card S	ubmission (to be	completed if	you are mailin	ng in a hard card):	
	over, or American Ex	press), personal		u may pay by credit or debit or money order, payable to t	
Choose one: Visa Ma	asterCard Discove	er AMEX	_ Check or Money	Order Attached	
If paying by credit or del	oit card, please comp	lete the additiona	al information belo	w.	
Card number:			Exp date	CVC:	
Name on card:					
Card holder billing addre	ess:				
City		State:		ZIP:	
Signature:					
A receipt will be sent via	email, please provid	le a valid email a	ddress here:		