

State of Nevada

Physical Therapy Board

3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129

Phone (702) 876-5535 · Facsimile (702) 876-2097

Email: ptapplication@govmail.state.nv.us



PHYSICAL THERAPIST & PHYSICAL THERAPIST ASSISTANT FINGERPRINT INSTRUCTIONS

All applicants for licensure as a physical therapist or physical therapist assistant in the State of Nevada must undergo a fingerprint/criminal background check. Applicants may complete their fingerprint requirements through one of the following options: Fingerprint Card or Electronic Submission (If in the State of Nevada). Instructions for both options are provided below.

NOTE: Applicants must submit a signed Fingerprint Background Waiver to the Board prior to the submission of fingerprints. Applicants are strongly encouraged to complete the fingerprint requirement early in the application process as this may take up to 2 months to complete.

THE FINGERPRINT TECHNICIAN WILL REQUIRE THE FOLLOWING INFORMATION:

A. ORI:

ENTER:

NV920370Z

ST BD PHY THER EXAM

LAS VEGAS, NV

B. MISCELLANEOUS NO.:

ENTER: **880157**

C. REASON FINGERPRINTED:

ENTER: **NVRS-640-090** [If you are applying for a PT/PTA License by Examination], or

ENTER: **NVRS-640-145** [If you are applying for a PT/PTA license by Endorsement], or

ENTER: **NVRS-640-146** [If you are applying for a PT/PTA license by Endorsement as an active duty member of the military or member's spouse, a veteran or veteran's surviving spouse]

OPTION 1: FINGERPRINT CARD SUBMISSION

Fingerprinting may be performed 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 (shown below). All fingerprint cards are valid for one year from the date you are printed. You may also request a fingerprint card be mailed to you in your application or by contacting the Nevada Physical Therapy Board office.

1. Complete the Fingerprint Background Waiver and send the signed Waiver to the Board office.
2. Complete the Fingerprint Request Form. Enter Applicant Information and Fingerprint Authorization Information.
3. Select a fingerprinting company you wish to use.
4. Obtain two original fingerprint cards. Ensure you have the appropriate cards by verifying the code "FD-258" on the back of each card. Using black ink, complete the information blocks on the fingerprint card. Incomplete and/or illegible cards cannot be processed and will be returned to the applicant.
5. When you present for fingerprinting, inform the technician that you are applying for licensure with the Nevada Physical Therapy Board, and will submit fingerprints using Fingerprint Cards.
6. Provide your Fingerprint Request Form to the technician to ensure that all fields contain the required/authorized information needed for processing. Ensure the technician signs the Form in the space labeled "Signature of Official taking Fingerprints", and enters the Transaction Control Number (TCN).
7. Mail the two completed Fingerprint Cards and Fingerprint Request Form to the Board Office and include a cashier's check or money order in the amount of \$39.00 (payable to Nevada Highway Patrol).

OPTION 2: ELECTRONIC SUBMISSION (IN-STATE ONLY)

Applicants in the State of Nevada are strongly encouraged to complete their fingerprint requirements via electronic transmission (Live Scan) instead of submitting Fingerprint Cards. Electronic transmission is available if you have your fingerprints captured in Nevada only. This option provides a quicker turn-around than Fingerprint Card submissions.

For a list of approved private Nevada fingerprinting facilities, visit the Nevada Repository's website: https://www.rccd.nv.gov/siteassets/content/resources/DPS_Website_-_FP_Sites_02.03.2025.pdf

1. Complete a Fingerprint Background Waiver and send the signed Waiver to the Board office.
2. Complete a Fingerprint Request Form. Enter Applicant Information and Fingerprint Authorization Information.
3. Select a fingerprinting company you wish to use and contact them to confirm they submit electronically to the Department of Public Safety (DPS).
4. Take these instructions and the Fingerprint Request Form with you to a fingerprinting site.
5. When you present for fingerprinting, inform the technician that you are applying for licensure and need your prints submitted electronically to DPS.
6. Provide your Fingerprint Request Form to the technician to ensure that all fields contain the required/authorized information needed for processing. Ensure the technician signs the Form in the space labeled "Signature of Official taking Fingerprints", and enters the Transaction Control Number (TCN).
7. Send the completed Fingerprint Request Form to the Board Office.

INSTRUCTIONS FOR COMPLETING A FINGERPRINT CARD

Fill out each card clearly and completely in print or type. Below are examples and/or explanations for each field.

Signature of Person Fingerprinted:	Signature required (not printed)
Residence of Person Fingerprinted:	Current physical address
Date:	Date fingerprints were taken
Signature of Official Taking Fingerprints:	Signature, typed name or badge/ID number
Employer and Address:	Employer name and current mailing address
Reason Fingerprinted:	NRS OR Federal Authority assigned to account#, example: 179A. 100
NAME:	Sample, John Q Jr. Sample-Doe, John Q Sample, John Quincy Sample, John Quincy III
AKA:	Other names used by subject, including legal names, maiden names, etc.
CTZ:	Two (2) character country code, such as US - United States, MM - Mexico, CD - Canada, etc.
OCA:	Your agency reference number
FBI:	Leave blank
Armed Forces No.:	If known
SOC:	9 digit social security number
MNU:	Agency account number, example: 150000.
SEX:	M (male) or F (female)
RACE:	Currently Accepted NCIC codes are: A - Asian, B - Black, I - Indian (Native American) U - Unknown W - White. Note: <i>I</i> should be used for persons of Native American race. If none of the codes apply, choose the code most closely resembling the subject or use U
HGT:	Feet and inches in <i>Fli</i> format, such as 6 foot 3 inch - 603, 4' 10" - 410, 5 foot-500
Pounds:	(NOT kilograms), examples: 100, 175. If subject is under 100 pounds, begin with 0, example: 098, 084.
EYES:	Current acceptable NCIC eye codes: Black, Hazel, Blue, Maroon, Brown, Multicolored, Green, Pink, Gray, Unknown.
HAIR:	Current acceptable NCIC hair codes: Bald, Brown, Black, Blonde or Strawberry, Blue, Green, Orange, Pink, Purple, Gray or Partial Gray, Red or Auburn, Sandy, White or Unkown.
ORI:	FBI assigned number
DOB:	Date of Birth in MM/DD/YYYY format. Example: 03/02/1967.
POB:	Place of Birth - 2 character NCIC state or country code. State codes match United States postal abbreviations. Example- Nevada - NV.

SAMPLE FINGERPRINT CARD FRONT SIDE

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
Last Name		First Name		Middle Name					
Smith		John		Quincy					
SIGNATURE OF PERSON FINGERPRINTED		ALIAS/AKA		O R I					
Signature of Applicant				NV920370Z					
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP		SEX		RACE		DATE OF BIRTH	
Address of Applicant		US		M		BL		01 01 1900	
DATE		YOUR NO.		HGT		WGT		DOB	
Today		0000		5' 10"		173		01 01 1900	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		UNIVERSAL CONTROL NO.		ARMED FORCES NO.		EYES		HAIR	
Signature of Person Taking Prints		UCN		MNU		Bro		Bro	
EMPLOYER AND ADDRESS		SOCIAL SECURITY NO.		MISCELLANEOUS NO.		REF.		CLASS	
Applicant's Employer & Address		000-00-0000		MNU					
REASON FINGERPRINTED		880157							
NVR5-640-090, NVR5-640-145, or NVR5-640-146									
Based on applicant type -- See pg 2 above.									
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

SAMPLE FINGERPRINT CARD
REAR SIDE

[illegible]