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 REQUEST FORM

Fill out the Applicant and Fingerprint Authorization Information below. Provide the completed form to the fingerprint technician to ensure that all fields contain the required/authorized information needed for processing. Return a copy to the Board after fingerprinting.

APPLICANT INFORMATION *(To Be Completed by the Applicant)*

Applicant Name (Last, First, MI): _____

Mailing Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship: _____

(optional)

Sex: Race: _____ Height _____ Weight Eyes: Hair: _____

FINGERPRINT AUTHORIZATION INFORMATION *(See Page Two)*

Board Account Number (MNU): 880157 ORI: NV920370Z

Reason Fingerprinted, select one:

- ☐ NVRS-640-090 (applying for a PT/PTA License by Examination).
- ☐ NVRS-640-145 (applying for a PT/PTA License by Endorsement).
- ☐ NVRS-640-146 (applying for a PT/PTA License as an active-duty member of the military or member's spouse, a veteran or veteran's surviving spouse.)

Applicant is Submitting Fingerprints Electronically (Livescan): *(Check Yes or No)*

☐ **Yes** ☐ **No** *(If no, please print hard cards and return to applicant for manual submission)*

FINGERPRINT SITE INFORMATION *(To be Completed by the Fingerprint Technician. Note: This field is not mandatory)*

Signature of Official Taking Prints: _____ Date: _____

TCN Number: _____ *(If applicable. A Transaction Control Number is generated at the time that fingerprints are taken electronically. The TCN number is useful for tracking purposes.)*

AUTHORIZED ENTITY INFORMATION *(To be Completed by the Nevada Physical Therapy Board)*

Signature of Board Official: _____

Date Received: _____ *(Used for Tracking Purposes)*

FINGERPRINT AUTHORIZATION INFORMATION

A. BOARD ACCOUNT NUMBER (MNU) ENTER: **880157**

B. ORI (Originating Agency Identifier)

ENTER: **NV920370Z**

This is the account for ST BD PHY THER EXAM, LAS VEGAS, NV

C. REASON FINGERPRINTED:

ENTER: **NVRS-640-090** (If you are applying for a PT/PTA License by Examination).

ENTER: **NVRS-640-145** (If you are applying for a PT/PTA License by Endorsement).

ENTER: **NVRS-640-146** (If you are applying for a PT/PTA License as an active-duty member of the military or member's spouse, a veteran or veteran's surviving spouse.)