

State of Nevada

Physical Therapy Board

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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".
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 **\$40.00** (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://fc.nccis.nvdps.gov/NCCISLocateFP/>

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

[illegible]

SAMPLE FINGERPRINT CARD
REAR SIDE

8110-0046

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

APPLICANT

1. LOOP

2. WHORL

3. ARCH

THIS CARD FOR USE BY:

- LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.**
- OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.**
- U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
- OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Signature: The cardholder's signature is required to be made in ink on this card. The signature must be legible and must be written in the presence of a Federal Bureau of Investigation official. The signature must be written in the presence of a Federal Bureau of Investigation official. The signature must be written in the presence of a Federal Bureau of Investigation official.

Complete all required fields. (A required field is left blank, the program cannot be used without further information.)

Print Name: Last, first, middle, initial, and surname. (Do not include titles, honorifics, or suffixes.)
Print Address: Street, city, state, and zip code. (Do not include titles, honorifics, or suffixes.)
Print Telephone: Area code, office number, and home number. (Do not include titles, honorifics, or suffixes.)
Print Date of Birth: Month, day, and year. (Do not include titles, honorifics, or suffixes.)
Print Sex: Male or female. (Do not include titles, honorifics, or suffixes.)
Print Race: White, Black, Asian, Pacific Islander, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Other. (Do not include titles, honorifics, or suffixes.)
Print Education: High school, college, or postgraduate. (Do not include titles, honorifics, or suffixes.)
Print Occupation: Current and previous occupations. (Do not include titles, honorifics, or suffixes.)
Print Training: Current and previous training. (Do not include titles, honorifics, or suffixes.)
Print Social Security Number: Full nine-digit number. (Do not include titles, honorifics, or suffixes.)
Print Fingerprinting Agency: Name of the agency. (Do not include titles, honorifics, or suffixes.)
Print Fingerprinting Date: Month, day, and year. (Do not include titles, honorifics, or suffixes.)
Print Fingerprinting Location: City, state, and zip code. (Do not include titles, honorifics, or suffixes.)
Print Fingerprinting Purpose: Employment, licensing, permits, or other. (Do not include titles, honorifics, or suffixes.)
Print Fingerprinting Method: Live scan, ink, or other. (Do not include titles, honorifics, or suffixes.)
Print Fingerprinting Quality: Good, fair, or poor. (Do not include titles, honorifics, or suffixes.)
Print Fingerprinting Notes: Any additional information. (Do not include titles, honorifics, or suffixes.)

Training aids can be obtained online via the Internet by accessing the FBI's website at: <http://www.fbi.gov>. Click on "Fingerprints", then click on "Fingerprinting Aids & Training Aids". Direct questions to the Domestic Security Section's Customer Service Group at (800) 825-0200 or by e-mail at custserv@fbi.gov.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that receives information from the FBI must protect the privacy of the information. The FBI will not release this information to any other agency without your written consent. If you do not wish to provide this information, you may still apply for a fingerprint card, but your information will not be shared with other agencies. Your information will be used for the purpose of identifying you and for the purpose of processing your fingerprints. Your information will be used for the purpose of identifying you and for the purpose of processing your fingerprints. Your information will be used for the purpose of identifying you and for the purpose of processing your fingerprints.

PRIVACY ACT STATEMENT

Authority: The FBI acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 USC 533. The collection of fingerprints and associated information is generally authorized under 28 USC 533. The collection of fingerprints and associated information is generally authorized under 28 USC 533.

Principal Purpose: Certain information, such as employment history and new criminal history, may be provided on fingerprints. This information is used for the purpose of identifying you and for the purpose of processing your fingerprints. This information is used for the purpose of identifying you and for the purpose of processing your fingerprints. This information is used for the purpose of identifying you and for the purpose of processing your fingerprints.

Secondary Use: The information may be used for the purpose of identifying you and for the purpose of processing your fingerprints. This information may be used for the purpose of identifying you and for the purpose of processing your fingerprints. This information may be used for the purpose of identifying you and for the purpose of processing your fingerprints.

Retention: The information will be retained for the purpose of identifying you and for the purpose of processing your fingerprints. This information will be retained for the purpose of identifying you and for the purpose of processing your fingerprints. This information will be retained for the purpose of identifying you and for the purpose of processing your fingerprints.

DISSEMINATION: The information will be disseminated for the purpose of identifying you and for the purpose of processing your fingerprints. This information will be disseminated for the purpose of identifying you and for the purpose of processing your fingerprints. This information will be disseminated for the purpose of identifying you and for the purpose of processing your fingerprints.

PAPERWORK REDUCTION ACT NOTICE

Comments: No person is required to provide the information requested unless a valid CARD control number is displayed. The valid CARD control number for this information collected is 1750-0046. The time required to complete this information is approximately 10 minutes. The information is required for the purpose of identifying you and for the purpose of processing your fingerprints. The information is required for the purpose of identifying you and for the purpose of processing your fingerprints.

INSTRUCTIONS:

- PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
- IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS".
- CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING CARD TO THE FBI.
- UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. (RECORD), OTHER ARMED FORCES NO. (PARACONT), NO. (FBI), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

FD-256 (Rev. 11-13-20)