

Nevada Physical Therapy Board



7570 Norman Rockwell Lane, Suite 230 · Las Vegas, NV 89143
Phone (702) 876-5535 · Facsimile (702) 876-2097

INSTRUCTIONS FOR COMPLETING THE FINGERPRINTING REQUIREMENT FOR THE NEVADA PHYSICAL THERAPY BOARD LICENSURE APPLICATION

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS FOR FINGERPRINTING:

FINGERPRINTING OPTION A

(take this form and sample fingerprinting card with you to the fingerprinting site)

Obtain two original fingerprinting cards. Be sure they are the appropriate cards by verifying the code of "FD-258" on the back of the cards. Using black ink, fill in the boxes on the top half of the cards. The copy of a fingerprinting card (provided herewith) reflects each field that is required to be completed. A black dot indicates a required field. Sign where indicated in the presence of the person taking your prints.

In the "ORI" section, list the following:

NV920370Z
St Bd Phys Ther Exam
Las Vegas, NV

In the "Miscellaneous No." section, list the following:

880157

In the "Reason Fingerprinted" section, list one of the following:

- NRS 640.090 (if applying as a physical therapist)
- NRS 640.250 (if applying as a physical therapist's assistant)

(See last page for sample of fingerprinting card)

Rev. 5/21/2018

You may visit a law enforcement agency or private fingerprinting site. You do not have to be fingerprinted in Nevada. You are encouraged to start this process immediately as results take approximately 6-10 weeks.

Complete the Civil Applicant Waiver. Complete the applicant section where indicated. This form is NOT to be signed by the fingerprinting site representative. **Do not provide this form to them for any reason.**

MAIL TO THE BOARD OFFICE:

- A cashier's check or money order in the amount fee of \$36.25 made payable to the Nevada Highway Patrol
- The two completed fingerprinting cards
- The completed Civil Applicant Waiver

FINGERPRINTING OPTION B

(take this form and sample fingerprinting card with you to the fingerprinting site)

If you reside in Nevada or will be visiting, you may elect to have your fingerprints done via live-scan and submitted electronically. **You must be physically present in Nevada for this option.** This option provides a quick turn-around time of approximately 2-4 weeks and a fee of \$38.25. The process is simple:

(1) Select the company you wish to use and call them to confirm they submit electronically to the Department of Public Safety (DPS).

- Please visit the Nevada Repository's website for updated information as to the private companies who offer electronic submission to DPS.
- Visit the following site:
<http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/DPS%20Website%20%20FP%20sites%203%2026%202018.pdf>. Verify that they submit electronically to DPS.
- **Electronic submission is NOT available via any law enforcement agency**

(2) When you present for the fingerprinting, tell the clerk you are applying for licensure and need your prints submitted electronically to DPS. They will require the following codes:

ORI is NV920370Z, ST BD PHY THER EXAM, LAS VEGAS, NV

Miscellaneous No. is 880157

Reason Fingerprinted – NRS 640.090 for physical therapist

NRS 640.250 for physical therapist's assistants

(3) They will take your prints and collect the \$36.25 fee in addition to their administrative fee.

(4) **Complete the Civil Applicant Waiver.** Complete the application section where indicated. This form is NOT to be completed or signed by the fingerprinting site representative. **Do not provide this form to them for any reason.**

MAIL TO THE BOARD OFFICE IMMEDIATELY UPON HAVING YOUR PRINTS TAKEN:

- The completed Civil Applicant Waiver with the "Electronic Submission" box checked.

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

FD-258 (REV. 3-1-10) ***10-0048

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

**NRS 640.250
(for PTA)**

**NRS 640.090
(for PT)**

ALIASES AKA

CITIZENSHIP CTZ

YOUR NO OCA

FBI NO FBI

ARMED FORCES NO AFNU

SOCIAL SECURITY NO SOC

MISCELLANEOUS NO MNU
880157

ORDER

**INVESTIGATE
ST ED PRIS THEAT EXAM
LAS VEGAS, NV**

DATE OF BIRTH DOB
Month Day Year

SEX RACE HGT WT EYES HAIR PLACE OF BIRTH POB

LEAVE BLANK

CLASS

REF

1 R THUMB	2 R INDEX	3 R MIDDLE	4 R RING	5 R PUPPLE
6 L THUMB	7 L INDEX	8 L MIDDLE	9 L RING	10 L PUPPLE

Sample

PRINT YOUR FINGERS TAKEN SIMULTANEOUSLY

NAME

DATE

PRINT FOUR FINGERS TAKEN SIMULTANEOUSLY



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by Nevada Physical Therapy Board
(*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize Nevada Physical Therapy Board (name of requesting agency), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

(PLEASE PRINT – LAST, FIRST, MIDDLE)

**** Check One ****

Electronic Submission

Hard Card Submission

Address:

PLEASE PRINT

Applicant's Signature:

Date:

Submitting Agency:

Nevada Physical Therapy Board

Address:

7570 Norman Rockwell Lane, Suite 230, Las Vegas, NV 89143

Agency Representative:

(PLEASE PRINT – LAST, FIRST, MIDDLE)

Agency Representative Signature:

Date: