

Nevada Physical Therapy Board



3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129
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 or a physical therapist assistant)

(See last page for sample of fingerprinting card)

Rev. 2/21/2019

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 \$40.25 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 \$40.25. 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 or physical therapist assistant

(3) They will take your prints and collect the \$40.25 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

* See Privacy Act Notice on Back

258 (REV.3-1-10) 1110-0046

NATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

NRS 640.090

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME FIRST NAME MIDDLE NAME

NAM

FBI LEAVE BLANK

ALIASES AKA

OR I

IN 920370Z

**ST BD PHYS THER EXAM
LAS VEGAS, NV**

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH

POB

YOUR NO OCA

LEAVE BLANK

FBI NO FBI

CLASS

ARMED FORCES NO MNU

REF

SOCIAL SECURITY NO SOC

MISCELLANEOUS NO MNU

880157

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 Card