

Nevada Physical Therapy Board



3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129
Phone (702) 876-5535 · Facsimile (702) 876-2097 · ptapplication@govmail.state.nv.us

Petition for Criminal History Review

A criminal conviction is not an automatic barrier to licensure. An individual may request that the board review their criminal history to determine if the person is eligible for licensure based solely on the person's criminal background up to that point in time. Pursuant to NAC 622.085, a person with a criminal history may petition the board at any time including, without limitation, before obtaining any education or paying any fee required to obtain a license from the board.

Petitioners must submit their requests in writing to the board and include:

- 1) A Petition for Criminal History Review Form signed by the petitioner or applicant detailing the event(s) that led to the conviction/deferment;
- 2) Copies of any court documents including (but not limited to): indictments, orders of deferred adjudication; judgments; convictions; probation/parole records and evidence of completion of probation/parole;
- 3) The fee required by the board, which is non-refundable. The fee is currently \$50.
- 4) Submission of a criminal history background check, which includes completion of the Fingerprint Background Waiver, and submission of fingerprints to the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation. See – *Instructions for Completing the Fingerprinting Requirement for the Petition for Criminal History Review*.

The board shall inform the petitioner of the determination of whether the person's criminal history will disqualify them from obtaining a license, no later than the 90th day after the board receives all required documentation. If a petitioner fails to provide complete and accurate information to the agency, the board may render a determination of disqualification. If a petitioner does not provide all requested documentation within one year of submitting the original request, the petitioner must submit a new request along with appropriate fees.

All petitioners remain subject to the requirements for licensure at the time of application and may be determined ineligible under existing law at the time of application. Additional criminal history after the submission of the Petition for Criminal History Review may invalidate the board's criminal history determination.

An individual may always apply for licensure, regardless of the board's decision provided in the criminal history determination.

Nevada Physical Therapy Board

Petition for Criminal History Review Form

This form is used to request a criminal history review in accordance with NRS 622, to receive a preliminary determination regarding whether my criminal history will disqualify me from obtaining a license. This form should be accompanied by a check for \$50 payable to the Nevada Physical Therapy Board, along with all court and relevant document, and the submission of fingerprints for a criminal history background check.

Last Name: _____

First Name: _____

Previous Names, if applicable: _____

Address: _____

Telephone Number: _____ **Email Address:** _____

For which profession are you seeking licensure? Circle one: PT or PTA

I would like to petition the Board to consider the following criminal history to determine if it will disqualify me from licensure. (Attach additional pages for each subsequent event)

- Total number of events I would like the Board to consider: _____
- Year that criminal case occurred: _____
- What was the crime? _____
- Were you found guilty, or submit a plea of guilty, nolo contendere, or no contest? Yes ___ No ___
If no, is it because:
 - _____The case is still pending with the court.
 - _____The case was dismissed, expunged, sealed, dropped, abandoned, etc.
 - _____Other: (please explain) _____
- If yes, was it:
 - ___A misdemeanor ___A felony ___Other: (please explain) _____
 - Have you completed all requirements of the court? ___Yes, ___No
 - If no, what do you still need to do/pay? _____
- Year you were found guilty/sentenced? _____

PETITIONER MUST PROVIDE AN EXPLANATION OF CIRCUMSTANCES SURROUNDING EACH CRIMINAL EVENT.

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INSTRUCTIONS FOR COMPLETING THE FINGERPRINTING REQUIREMENT FOR THE PETITION FOR CRIMINAL HISTORY REVIEW

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. Cards may be obtained from the fingerprinting office or the Nevada Physical Therapy Board. 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)

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 Fingerprint Background 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 fingerprinting, tell the clerk you are petitioning the board for a criminal history review 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 Petition for Criminal History Review Form and Fingerprint Background Waiver with the "Electronic Submission" box checked.



Nevada Department of
Public Safety
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 _____ (*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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant:

_____ *Initial*

_____ *Date*

5. 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.

6. 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.
7. 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.
8. I hereby authorize _____ (*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.

Applicant:	
_____	_____
<i>Initial</i>	<i>Date</i>

9. 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 Name First Name Middle

ADDRESS:
PLEASE PRINT _____

Applicant's Signature: _____

Date: _____

Submitting Agency: _____

Address: _____

Agency Representative:
PLEASE PRINT _____
Last Name First Name Middle

Agency Representative Signature: _____

Date: _____

Fingerprints Submitted:
(Check appropriate box)

ELECTRONICALLY

HARDCOPY