

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 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

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

Board Account Number (MNU): _____ ORI: _____

Reason Fingerprinted: _____

(Applicable NRS Based on Applicant Type)

Applicant is Submitting Fingerprints Electronically (Livescan):

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

FINGERPRINT SITE INFORMATION

Signature of Official Taking Prints: _____ Date: _____

TCN Number: _____ *(Used for Tracking Purposes)*

AUTHORIZED ENTITY INFORMATION

Signature of Board Official: _____

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