

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.

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", and enters the Transaction Control Number (TCN).
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 \$40.25 (*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://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint_Information_and_Forms/DPS%20Website%20-%20FP%20Sites%2011.18.2021\(24%20Nov%2021\).pdf](https://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint_Information_and_Forms/DPS%20Website%20-%20FP%20Sites%2011.18.2021(24%20Nov%2021).pdf)

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.

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: **NRS 640.090** [If you are applying for a PT/PTA License by **Examination**], or

ENTER: **NRS 640.145** [If you are applying for a PT/PTA license by **Endorsement**], or

ENTER: **NRS 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**]

EXHIBIT 1:

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.: | Ifknown |
| 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>Fl</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. |

EXHIBIT 2:

SAMPLE FINGERPRINT CARD
FRONT SIDE

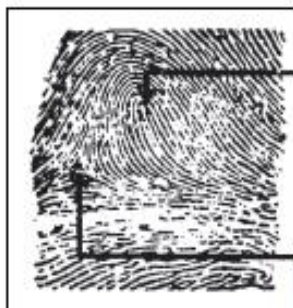
| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------|--|-------------|---------------------------|-------------------|------------------------------|--------------------|--|--------------------|---------------------------------|--|---|------------|--|--|--|--|---------------|--|--|--|--|
| APPLICANT <small>See Privacy Act Notice on back</small> FD-258 (Rev. 11-1-20) 1110-0046 | | LEAVE BLANK | | TYPE OR PRINT ALL INFORMATION IN BLACK | | | | | | FBI | | LEAVE BLANK | | | | | | | | | | | | |
| | | | | LAST NAME NAM Smith | | FIRST NAME John | | MIDDLE NAME Quincy | | | | | | | | | | | | | | | | |
| SIGNATURE OF PERSON FINGERPRINTED Signature of Applicant | | ALIASES AKA | | O R I NV920370Z | | | | | | DATE OF BIRTH Month Day Year 01 01 1900 | | DOB | | | | | | | | | | | | |
| RESIDENCE OF PERSON FINGERPRINTED Address of Applicant | | | | CITIZENSHIP CTZ US | | SEX M | RACE BL | HGT. 5' 10 | WGT. 173 | EYES Bro | HAIR Bro | PLACE OF BIRTH POB CA | | | | | | | | | | | | |
| DATE Today | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS Signature of Person Taking Prints | | YOUR NO. OCA | | LEAVE BLANK | | | | | | | | | | | | | | | | | | | |
| EMPLOYER AND ADDRESS Applicant's Employer & Address | | UNIVERSAL CONTROL NO. UCN | | ARMED FORCES NO. MNU | | CLASS | | | | | | | | | | | | | | | | | | |
| REASON FINGERPRINTED 640.090 or 640.145 or 640.146 Based on applicant type - - See pg 2 above. | | SOCIAL SECURITY NO. SOC 000-00-0000 | | MISCELLANEOUS NO. MNU 880157 | | REF. | | | | | | | | | | | | | | | | | | |
| 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 FINGERPRINT CARD REAR SIDE

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

1110-0046

1. LOOP



CENTER OF LOOP

DELTA

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. 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.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

- Ensure all information is typed or legibly printed using blue or black ink.
- Enter data within the boundaries of the designated field or block.
- Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)
- The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date Fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

- Do not use highlighters on fingerprint cards.
- Do not enter data or labels within 'Leave Blank' areas.
- Ensure fingerprint impressions are rolled completely from nail to nail.
- Ensure fingerprint impressions are in the correct sequence.
- Ensure notations are made for any missing fingerprint impression (i.e. amputation).
- Do not use more than two notations per fingerprint impression block.
- Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Obtaining Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-6590 or by e-mail at identity@fbi.gov.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C. 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary, however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

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.

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 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.

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.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

- * 1. 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.
- 2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE 'EMPLOYER AND ADDRESS'. THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO. PASSPORT NO. (FP); ALIEN REGISTRATION NO. (AR); PORT SECURITY CARD NO. (PS); SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

FD-258 (Rev. 11-1-20)