

# Nevada State Board of **NURSING**

## Instructions for Completion and Submission of Fingerprints

1. All applicants must complete two fingerprint cards (Form FD-258) provided by the Nevada State Board of Nursing (the Board). Note: You are strongly encouraged to have your fingerprints submitted via electronic transmission (LiveScan), but this is only available if you are physically in Nevada. **If you download an application from the Board's website, fingerprint cards will be mailed to you upon receipt of your application in the Board office. If you request an application by mail, fingerprint cards will be included in that packet.**
2. Complete these information blocks on both cards, and make sure they are legible: **last, first, and middle names; signature; residence** (complete address); **citizenship; date of birth; place of birth; sex; race; height; weight; eyes; hair; and Social Security number** (if you have one). Cards without these information blocks completed are considered "incomplete" and will be returned to the applicant. Illegible cards will not be processed.
3. Fingerprinting on the Board's coded cards may be done by a law enforcement agency in any state or by a private fingerprinting service. For a list of Nevada fingerprint locations visit the Nevada Department of Public Safety's website [www.nvrepository.state.nv.us/fingerprints.shtml](http://www.nvrepository.state.nv.us/fingerprints.shtml)
4. Complete and detach the form below, and send the fee and completed fingerprint cards (or the electronic transmission receipt), to the address below.
5. **Be sure:**
  - You have your prints captured at an in-state (NV) LiveScan location (recommended); **OR**
  - Two fingerprint cards are completed and the cards are not folded, torn or damaged in any way
  - Information blocks are complete and legible, both cards are signed by the appropriate persons (applicant and official)
  - Coded cards (Form FD-258) provided by the Board are used exclusively;

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**WARNING:** Due to various factors, it may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI. A permanent license/certificate **will not** be issued prior to receipt of both fingerprint reports. You **must** fingerprint immediately on application submission to avoid delays in processing.

### Fingerprint Submission Form

**Mail to:** Nevada State Board of Nursing, 5011 Meadowood Mall Way #300, Reno, NV 89502-6547 (888-590-6726)

**If you completed two fingerprint cards:** Complete and attach this form and a payment of \$51.25 to your two completed fingerprint cards (Form FD-258). You may pay by credit or debit card (MasterCard, Visa, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing (NSBN), U.S. Funds only.

**If you submitted fingerprints via electronic transmission:** Complete this form and attach a copy of your receipt showing payment for transmission.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Application Type:**  RN  LPN  CNA **Licensed by:**  Endorsement  Exam  Renewal

APN  CRNA  EMS/RN **Licensed by:**  Other  Renewal

**If paying by credit or debit card, please complete:**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_ Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ Amount \$51.25 Signature \_\_\_\_\_

## Instructions for Application for Certified Nursing Assistant

### Certification By Endorsement

*You must submit items 1-7:*

1. A completed and signed application form, including the applicable certificate and fingerprinting fees (money order, cashier's or personal check, or MasterCard™, Visa™ or Discover™ debit or credit card) made payable to Nevada State Board of Nursing. *Fees are not refundable.*
2. Copy of your active certificate/license in another state; it must show an expiration date.
3. A copy of your certificate of successful completion of a state-approved training program that meets current OBRA requirements, or a transcript showing the completion of "nursing fundamentals."
4. Proof of eight hours of employment as a CNA in a licensed medical facility within the past two years. Acceptable proof includes:
  - Paycheck stub (must include company name);
  - or W-2 form;
  - or letter from employer on company letterhead, with signature/title of person writing for employer.
5. Endorsement form(s) from each state(s) in which you have ever been certified.
6. Examination results.
7. Completed fingerprint cards (see separate instructions and submission form). *Note: a permanent certificate will not be issued until the Board receives fingerprint reports from the Nevada Department of Public Safety and the Federal Bureau of Investigation, and any issues have been resolved.*

### Certification By Examination

*To make you eligible to take the examination(s) and to grant you permanent certification, the Board requires:*

1. A completed and signed application form, including a fee of \$50 (money order, cashier's or personal check, or MasterCard™, Visa™ or Discover™ debit or credit card) made payable to NSBN. *Fees are not refundable.*
2. A copy of your certificate of successful completion of a state-approved training program that meets current OBRA requirements, or a transcript showing the completion of "nursing fundamentals." Your training program is valid for two years from the date of completion of the program.
3. You must successfully pass the *Clinical* and *Knowledge* examinations.
4. Fingerprint reports must be received and cleared by the Board.

**IMPORTANT!! Please do not send any documents before you submit your application.** The Board will not accept any required documents unless they are submitted with (or after) your application.

## General Information

- Follow all instructions. All questions in all sections must be answered completely and the answers legibly written. *Incomplete applications will be not be processed.*
- After reviewing your application, the Nevada State Board of Nursing (the Board) may notify you that you need to complete additional training or exam(s). If so, you will not qualify for a temporary certificate and you will need to document completion of any additional items before your application can be processed further.
- Your application for certification is valid for one year from the date received by the Board. It is your responsibility to follow up with the Board to determine the ongoing status of your certification application.
- The address furnished on this application will become your address of record unless you indicate otherwise.
- You must notify the Board, in writing, within 30 days of any change in your address of record.
- After all documents are submitted, reviewed, and evaluated, if you are eligible for a temporary certificate, one will be issued to your address of record.
- One temporary certificate may be issued when the appropriate criteria has been met. It is valid for six months and cannot be renewed. *If you obtain a temporary certificate, but do not complete the certification process, you will not be eligible for another temporary certificate.*
- You may check to see if your certificate has been issued by visiting the license/certificate verification section of our website [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us).
- *Special notice for those who qualify to become a CNA in Nevada by military training or nursing fundamentals:* If your Nevada CNA certificate expires, you will not be eligible to renew. To become recertified, you will have complete a training program and submit a new application, including fingerprints.
- **Time frame:** As processing of your application is dependent on receiving documents from outside sources, we are unable to provide specific time frames for processing. However, if your application is complete and meets the criteria for issuance of a certificate, we can generally issue your (temporary or permanent) certificate within one week of receipt of your application and applicable documents.

# Nevada State Board of NURSING

## Application for Initial CNA Certificate

**Return to:** Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547

Toll free (888) 590-6726, fax (775) 687-7707, [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us)

*To practice as a nursing assistant in Nevada, you must hold an active Nevada CNA certificate.*

First Name

Middle Name

Last Name

Social Security #

Telephone #

Date of Birth

Place of Birth

Address (if you move, you must notify the Board within 30 days in writing, or via the Board website)

City

State

ZIP

Email Address

### Section 1. Nursing Training Summary

School	Dates attended
Location	

### Section 2. License/Certificate Summary (List all nursing or nursing assistant licenses, registrations or certifications issued by **any** state that you now hold, have **ever** held, or have **ever** applied for. Use additional sheet if necessary)

RN/LPN/CNA	State	License/Certificate #	Received by Exam or Endorsement	Date(s) received	Expiration date(s)

### Section 3. Application Screening Questions

(If you answer "Yes" to any of Questions 1 through 5 below, **you must** submit the required documents, or your application will not be processed.)

Yes	No	<p>1. Has your occupational or professional license, registration, certificate, or privilege to practice of any level ever had disciplinary action taken or initiated against it in any jurisdiction, or have you participated or are you currently participating in a non-disciplinary program? (Does not include driver's license or car registration) <b>If the answer is Yes</b>, you must submit:</p> <p style="margin-left: 20px;">a. A letter of explanation of the action, what state, and the circumstances leading to the action;</p> <p style="margin-left: 20px;">b. Copies of documents from the board taking the action identifying the allegations, action taken and current action status (documentation of completion of requirements of any order); and</p> <p style="margin-left: 20px;">c. A letter of recommendation from current/last employer.</p>
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### Section 3 (con't). Application Screening Questions

Yes	No	2. Have you <u>ever</u> had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? <u>If the answer is Yes</u> , for each conviction you must submit: <i>a. A detailed letter of explanation including the circumstances leading to your conviction, date convicted, actual conviction (i.e. DUI, theft, etc.), what your sentence was, and if and when you completed it;</i> <i>b. Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole/Probation Officer, etc.) or a letter/form from the court indicating no records are available; and</i> <i>c. A letter of reference from your current/last employer.</i>
Yes	No	3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing? <u>If the answer is Yes</u> , you must attach to this application: <i>a. A letter of explanation that addresses the impairment or limitations of practice;</i> <i>b. A letter of reference from your current/last employer;</i> <i>c. A copy of your last employment evaluation; and</i> <i>d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</i>
Yes	No	4. Are you currently in recovery for chemical dependency, chemical abuse or addiction? <u>If the answer is Yes</u> , you must submit: <i>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities;</i> <i>b. Documentation from knowledgeable individual(s) documenting your length of sobriety; and c.</i> <i>Documentation of inpatient or outpatient chemical dependency treatment.</i>
Yes	No	5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing? <u>If the answer is Yes</u> , you must submit: <i>a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and</i> <i>b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.</i>

### Section 4. Child Support Information

Yes	No	I am subject to a court order that requires me to pay for the support of one or more children.	
Yes	No	N/A	I am in compliance with that court order. (If you answered <i>No</i> to the question above, mark N/A.)

### Affirmation. All Applicants Must Complete

I affirm (swear) that I have read this application and the statements made are true and correct.

Signature

Date

### Fee Policy

You may pay the \$50 fee by credit card (Visa, MasterCard, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing (NSBN).

*U.S. Funds only. Please note:* If you do not submit the required fee, your application will be returned to you, unprocessed. All fees are non-refundable.

### Before you submit your application, please make sure you

- have answered ALL the questions in the top portion and Sections 1 through 4, and signed the Affirmation
- have submitted all required documentation (see attached instruction sheet for list of documents)
- have submitted the correct fee
- have included your current mailing address

### If Paying By Credit Card, Please Complete

Choose one: Visa    MasterCard    Discover    American Express    Card number

Exp. date

Name on card

Amt. \$

Signature

# Nevada State Board of **NURSING**

## Endorsement Form For Certified Nursing Assistant

This form **must be completed by each state** where you have obtained certification.

Name:	_____	Social Security #	_____
	Last First Middle		
Address:	_____	Date of Birth:	_____
	Street Apt# City/State/Zip		
Certification #:	_____	Issue Date of Certification:	_____
Last day employed as a CNA:	_____		
Last Employer Name & Address:	_____		
	City/State/Zip		
I hereby authorize the State of _____ to furnish the information requested to the NV State Board of Nursing.			
_____	_____	_____	_____
Applicant's Signature		Date	

### Do Not Write Below – For Completion By State Nurse Aide Registry Only

#### TRAINING INFORMATION

Name of Nurse Aide Training Program	_____		
Completion date of Training Program	_____	Program meets OBRA 1987 requirements:	<input type="radio"/> Yes <input type="radio"/> No
_____	Date initially placed on registry:	_____	Certificate Expiration Date: _____
Certification #			

#### METHOD OF CERTIFICATION

Please check one of the following:

<input type="radio"/> Not Certified	<input type="radio"/> Deemed onto Registry	<input type="radio"/> Endorsed from _____
<input type="radio"/> Written Exam Only _____	<input type="radio"/> Manual Exam Only _____	<input type="radio"/> _____
	Exam Date	Exam Date
<input type="radio"/> Completed manual skills and written exam but did not take a training program – Date of test(s): _____		
<input type="radio"/> Completed a state-approved training program, passed manual skills and written exam – Date of test(s): _____		

#### DISCIPLINE INFORMATION

Are there any registry findings for abuse, neglect, and/or misappropriation?	<input type="radio"/> No	<input type="radio"/> Yes
Has this certificate ever been revoked, suspended, placed on probation, or surrendered?	<input type="radio"/> No	<input type="radio"/> Yes
Has this applicant incurred any disciplinary action in your state?	<input type="radio"/> No	<input type="radio"/> Yes
Is any disciplinary action pending?	<input type="radio"/> No	<input type="radio"/> Yes

If "yes" to any of the discipline questions, please submit certified copies.

Signature \_\_\_\_\_ / Title \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

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## State Nurse Aide Registry Telephone Directory

You must have the *Endorsement Form for Certified Nursing Assistant* completed by each state in which you have **ever** held a CNA certificate. Individual State Nurse Aide Registries may charge you a fee to complete the form.

- Call each state in which you were certified and ask about their specific requirements before you send the form.
- Complete the top half of the *Endorsement Form for Certified Nursing Assistant*, include a fee if required, and send a separate form to each state.
- The states will mail the completed forms directly to the Board.

If you need more forms, you may download them from the Board's website at [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) (click on *Certification Information*). You may also call the Board at 1-888-590-6726.

**The NSBN will not act as your agent. This is your responsibility.**

Alabama	334-206-5169	Louisiana	255-295-8575	Oregon	503-731-4745
Alaska	907-269-8169	Maine	207-287-9310	Pennsylvania	800-852-0518
Arizona	602-331-8111	Maryland	410-585-1918	Rhode Island	401-222-5888
Arkansas	501-682-8484	Massachusetts	617-753-8143	S. Carolina	800-475-8290
<b>California</b>	<b>** see below</b>	Michigan	800-748-0252	S. Dakota	605-362-2769
<b>Colorado</b>	<b>** see below</b>	Minnesota	651-215-8705	Tennessee	888-310-4650
Connecticut	860-509-7596	Mississippi	601-576-7300	Texas	800-452-3934
Delaware	302-577-6666	<b>Missouri</b>	<b>**see below</b>	Utah	801-547-9947
Dist of Col	800-475-8291	Montana	406-444-4980	Vermont	802-828-2819
Florida	850-245-4567	Nebraska	402-471-0537	Virginia	804-662-7310
Georgia	800-414-4358	New Hampshire	603-271-6282	Virgin Islands	340-776-7397
Hawaii	808-734-2101	New Jersey	800-274-8970	Washington	360-725-2596
Idaho	800-748-2480	New Mexico	505-476-9039	W. Virginia	304-558-0688
<b>Illinois</b>	<b>** see below</b>	New York	800-918-8818	Wisconsin	608-243-2019
Indiana	317-233-7479	<b>N. Carolina</b>	<b>** see below</b>	Wyoming	307-777-7601
Iowa	515-281-4077	N. Dakota	701-328-2674		
Kansas	785-296-6877	Ohio	614-752-9500		
Kentucky	502-329-7047	Oklahoma	800-695-2157	Nevada	888-590-6726

This directory was developed as a courtesy for your use; the information listed may have changed since the last printing.

**\*\*These states will not complete the *Endorsement Form for Certified Nursing Assistant*. Therefore, you will not need to submit forms for California, Colorado, Illinois, Missouri, or North Carolina.**