

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
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;

rev. 8-17-10

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 RN/LPN License by Endorsement

Application Instructions

You must submit items 1-5 below:

1. A completed and signed application form, including the applicable license and fingerprinting fees (money order, cashier's or personal check, or MasterCard™, Visa™, Discover™ or American Express™ debit or credit card) made payable to the Nevada State Board of Nursing (NSBN). Fees are not refundable. Applications will be accepted for processing without a U.S. Social Security Number (SSN). *A license will not be issued without an SSN.*
2. A copy of evidence of graduation from your nursing education program.
 - All United States applicants:
 - If you are an RN applicant, you must submit a copy of your diploma or official transcript issued directly from the registrar to the student or to the Board. If you are an LPN applicant, you must submit a copy of your certificate or official transcript issued directly from the registrar to the student or to the Board. For RNs and LPNs, the document you submit must indicate a nursing degree and graduation date. Please note that computer-generated transcripts are not acceptable.
 - *All graduates of international nursing programs:*
 - You must submit a copy of your transcript, which must indicate a nursing degree and graduation date.
 - The Board will notify you if you will also be required to complete the CGFNS/CES* Professional Report.

*Commission on Graduates of Foreign Nursing Schools/Credentials Evaluation Service
3. A completed verification (or endorsement) from your *original state of licensure by examination*. You may accomplish this by:
 - sending the NSBN Endorsement Form (attached) to your original state of licensure by examination with their appropriate fee, OR
 - if your original state of licensure by examination is enrolled in Nursys, the National Council of State Boards of Nursing Nursys Verification database, you must visit www.nursys.com to submit the form online. To find out if your state of original licensure is enrolled in Nursys, you may visit www.nursys.com.
4. A notarized copy of your current license, *showing the expiration date* (use attached form), or any other official representation of your license. If your current state of licensure does not issue license cards or certificates, the Board will verify your current licensure status.
5. Completed fingerprint cards (see separate instructions and submission form). *Note: a permanent license 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.*

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.

Qualifications for Nevada Licensure

- You graduated from an approved school of nursing with a nursing certificate (LPN), or diploma or nursing degree (RN),
- You passed the NCLEX or SBTPE licensing examination,
- You hold a current, permanent license in another state,
- You have a U.S. Social Security number,
- You have completed and submitted fingerprint cards, and
- The Board has received and cleared your fingerprint reports.

General Information

- Follow all instructions. All questions in all sections must be answered completely and the answers legibly written. *Incomplete applications will not be processed.*
- Your application for licensure 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 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.
- One temporary license 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 license, but do not complete the licensure process, you will not be eligible for another temporary license.*
- After all documents are submitted, reviewed, and evaluated, if you are eligible for a permanent license, one will be issued.
- You may check to see if your license has been issued by visiting the license/certificate verification section of our website www.nursingboard.state.nv.us. **Nevada does not issue hard card licenses. No license card will be mailed to you.**
- **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 license/certificate, we can generally issue your (temporary or permanent) license/certificate within one week of receipt of your application and applicable documents.

Section 2. Application Screening Questions

(If you answer "Yes" to any of Questions 1 through 5 below, you **MUST** submit the required documents to avoid delays in processing your application.)

Yes	No	1. Has your occupational or professional license or privilege to practice, registration, or certificate of any level ever had any disciplinary action taken or initiated against in any jurisdiction, or have you participated in or are you currently participating in a non-disciplinary program? (Does not include driver's license or car registration) <u>If the answer is Yes</u> , you must submit the following: <i>a. A letter of explanation of the action, what state, and the circumstances leading to the action;</i> <i>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</i> <i>c. A letter of recommendation from current/last employer.</i>
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> , you must submit the following: <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 submit: <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</i> <i>c. 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 3. 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 No to the question above, mark N/A)

Section 4. Safe Injection Practices.

Yes	No	I affirm (swear) that I have knowledge of and am in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.
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Affirmation

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

Signature

Date

Fee Schedule

RN by endorsement	105.00 (includes \$5 fee for national database check)
RN by examination	100.00
LPN by endorsement	95.00 (includes \$5 fee for national database check)
LPN by examination	90.00

You may pay by credit card (MasterCard, Visa, Discover, 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 fees, 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 3, and
- signed the Affirmation
- have submitted all required documentation (see attached instructions for list of documents)
- have submitted the correct fee
- verify your current mailing address

If Paying By Credit Card, Please Complete

Visa MasterCard Discover American Express Card number Exp. date

Name on card Amount \$ Signature

Nevada State Board of **NURSING**

Endorsement Form

NOTE: Send this form to the state in which you were originally licensed by examination. Before mailing the form, you will need to contact that state board to determine the fee required for this service. If your state is enrolled in Nursys, you must submit a form online at www.nursys.com.

Part One: To Be Completed By Applicant

Applicant Name: _____ License Number: _____

Other Names Licensed Under: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

I am requesting licensure in the State of Nevada as: RN LPN OTHER

Signature of Applicant _____

Part Two: To Be Completed By Original State Of Licensure Board

Applicant's Name: _____

License Type: RN LPN OTHER License Number: _____ Status: _____

Original Date of Licensure: _____ Expiration Date: _____

Licensed By Examination: Type: _____ Date: _____ NCLEX Score: _____

SBTPE Scores: Medical _____ Surgical _____ Obstetric _____ Pediatric _____ Psychiatric _____

Licensed by Endorsement (from which state): _____

Licensed by Waiver (please explain): _____

Name of Education Program completed: _____

City/State: _____ Degree Awarded: _____ Graduation Date: _____

Disciplinary Information: Has license, registration, or certification ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation: Yes _____ No: _____ (If yes, please provide copies of all petitions, orders, etc)

Signature: _____ Title: _____

Board of Nursing: _____ Date: _____

(Seal)

**Certification Of Possession
Of Current License/Certificate**

Take this form and your current license or certificate (showing the expiration date) to a notary public. The notary will make a photocopy, attach it and certify that it is a true and correct copy of the original.

Place copy of your current license here.

State of _____

County of _____

I certify that this is a true and correct copy of a document in the possession

of _____ Dated _____.

Notary Public

SEAL

Third-Party Authorization

If you would like someone other than yourself to act as your representative in the licensure process for this application, please complete this form and have your signature notarized. Discard this form if you are submitting the application for yourself and do not want another person to act on your behalf.

I, _____, the undersigned, do hereby authorize _____, whose address is _____,

his/her agents or employees, to act for me and in my name with respect to my application for licensure with the Nevada State Board of Nursing, as follows:

(Check only those items which apply)

- _____ 1. File my application
- _____ 2. Pay my application fee
- _____ 3. Act as my representative on all matters with the Board of Nursing

Date

Signature

State of _____

County of _____

This instrument was acknowledged before me on ____/____/____

by _____

SEAL

Notary Public