

# NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive  
Reno, NV 89521

Nick M. Spirtos, M.D., F.A.C.O.G.  
Board President

Edward O. Cousineau, J.D.  
Executive Director



## Instructions for Completion and Submission of Fingerprints

All applicants must submit an application to the Nevada State Board of Medical Examiners prior to submitting fingerprints. Additionally, your [Civil Applicant Waiver](#) must be completed, signed and dated *prior* to obtaining your fingerprints. You must physically sign the waiver - you cannot use an electronic signature. You may submit fingerprints in one of the following two ways:

### 1. Electronic Submission (in Nevada ONLY)

- You are **strongly** encouraged to have your fingerprints submitted via electronic transmission (LiveScan) instead of submitting a fingerprint card. Electronic transmission is available if you have your fingerprints taken **in Nevada only**. For a list of private fingerprint sites, please visit the Nevada Department of Public Safety [website](#). There you will find links to [Law Enforcement Fingerprint Sites](#), as well as [Private Fingerprint Sites](#).
- If you have your fingerprints submitted electronically, you will make payment to the agency that captures your fingerprints. **Please complete the top section of the attached *Fingerprint Request Form* and take it with you to your fingerprinting appointment.** Once your fingerprints have been completed, and once the official taking your prints has completed the lower section of the *Fingerprint Request Form*, please return the completed form to your License Specialist via email, mail, or fax.

### 2. Fingerprint Card Submission

- Fingerprinting may be done by a law enforcement agency in any state or by any private fingerprinting service. You may use any agency's fingerprint card if it is completed on the standard FD-258 card. You will make payment to the agency that completes your fingerprints. Your fingerprints may be inked or digitally printed onto the card by the official agent.
- Please print this page and take it with you to the fingerprinting service for reference. You must ensure that all required information is complete and legible.** Please ensure that all required fields indicated below with a red dot are completed and legible. Cards with missing or illegible information are considered incomplete and will be returned to the applicant.

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (Rev. 5-15-17) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED ●		ALIASES AKA ●		OR I NV920650Z ST BD MEDICAL EXAM RENO, NV		DATE OF BIRTH ● Month Day Year		DOB ●	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ ●		SEX ●		RACE ●		HGT. ●		WGT. ●	
DATE ●		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS ●		YOUR NO. OCA ● NSBME		EYES ●		HAIR ●		PLACE OF BIRTH ● POB	
EMPLOYER AND ADDRESS		UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNU		LEAVE BLANK		CLASS		REF.	
REASON FINGERPRINTED ● NRS 630.167		SOCIAL SECURITY NO. SOC ●		MISCELLANEOUS NO. MNU ● 881183							

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FINGERPRINT REQUEST FORM  
(For LiveScan Submission ONLY)

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. **Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received. Please bring a valid photo ID with you to your fingerprinting appointment.**

**Fingerprint Technician:** Please ensure that you verify photo ID for identity verification purposes prior to fingerprinting.

**Applicant Information:**

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

**Authorized Entity Information:**

Account Number (MNU): **881183** ORI: **NV920650Z** Reason Fingerprinted: **630.167**

Bill to Account Number (MNU):  Submit Fingerprints Electronic LiveScan: Yes  No

**\*\*Signature of Authorization:**   
(Signature of Employer or Authorized Entity requesting fingerprints)

**Fingerprint Site Information:**

Signature of Official Taking Prints: \_\_\_\_\_ Date: \_\_\_\_\_

TCN Number (used for tracking purposes): \_\_\_\_\_