

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.

APPLICANT <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 ●		LAST NAME NAM ●		FIRST NAME ●		MIDDLE NAME ●			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA ●		OR		NV920650Z		ST BD MEDICAL EXAM		DATE OF BIRTH DOB ●	
DATE ●		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS ●		CITIZENSHIP CTZ ●		SEX ●		RACE ●		HGT. ●	
EMPLOYER AND ADDRESS		YOUR NO. OCA ●		NSBME		WGT. ●		EYES ●		HAIR ●	
REASON FINGERPRINTED ●		UNIVERSAL CONTROL NO. UCN		SOCIAL SECURITY NO. SOC ●		PLACE OF BIRTH POB ●		LEAVE BLANK		CLASS	
NRS 630.167		ARMED FORCES NO. MNU		MISCELLANEOUS NO. MNU ●		881183		REF.			

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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): _____