

**ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT
COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK**

Background Checks Required for Nursing License

GENERAL INFORMATION

An applicant for a Kansas license by endorsement or exam is required to provide one completed fingerprint card in order to conduct background checks with the Kansas Bureau of Investigation and FBI. A fingerprint card must be obtained from the Kansas State Board of Nursing (KSBN) because it contains specific identifying information. **It takes about one (1) month to receive background check results.** Exam applicants should apply for a license at least one month prior to the graduation date in order to prevent delays. **The Board of Nursing will not license a person until the background checks are received. Enclose a check or money order for \$48.00 payable to the Kansas State Board of Nursing. Fees are nonrefundable.**

HOW TO COMPLETE THE FINGERPRINT CARD

If you are fingerprinted by using ink and a card, you MUST use the card provided by KSBN-call 785-296-4929 or 785-296-3375 to request a card.

- To facilitate prompt and accurate processing of the fingerprint card:
- Type or print legibly in black ink
- Stay within the blocks-DO NOT OVERLAP THE BLUE LINES
- Your name on the card must be identical to the name of your application
- no staples anywhere on the card
- DO NOT FOLD FINGERPRINT CARD

Complete the following boxes on the card

- Last name, first name, middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
- ORI (this block should read: KS920150Z State Board of Nursing, Topeka, Ks.)
- Date of birth (numeric month, numeric day, and numeric year)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Philippines)
- Sex, race, height, weight, eyes (color), hair (color)
- Sex: M=Male; F=Female
- Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown; (If Hispanic use “W”)
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel;
- MAR=Maroon; PNK=Pink; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city, state, or foreign country)
- Employer and address (“none” if you are unemployed)
- Social Security number
- Leave all other spaces blank (OCA, FBI, MNU, MNU)

Prints may be taken by any law enforcement official trained in taking fingerprints. The fingerprint card will be taken by the applicant to the facility that is taking the print. **The facility taking the print MUST mail the card and waiver directly to KSBN upon completing the prints.** A fee is occasionally charged. Staff of the Board of Nursing is also trained to take electronic prints and can be done in the board office and the fee is \$7.50. Prints must be rolled from nail to nail and the ridges should be sharp and distinct. The signature of the person taking the prints must appear on the fingerprint cards. **If reprints are required, a different individual than the one who originally took the prints must take them.**

WAIVER AGREEMENT AND STATEMENT
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) KANSAS STATE BOARD OF NURSING to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court: _____

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

